# Statement of Religious Objection to Influenza Vaccine

UMMS staff member: When the form below has been completed, please visit **[umms.org/FluVaxExemptions](https://www.umms.org/employee-flu-vaccinations/exemptions)** to complete an online declination and to upload this completed document.

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| --- | --- | --- | --- |
| Employee Name |  | Date of Birth |  |
| UMMS Member Org. |  | Employee ID |  |
| Job Title |  | Name of Supervisor |  |
| Email Address |  | Phone Number |  |

I am requesting a religious exemption from the Influenza Vaccine Mandatory Vaccination Policy, and in support of that request state the following:

1. I have sincerely held religious beliefs or practices that prohibit me from receiving the influenza vaccine.   
   (Social, political, or personal preferences are not “sincerely held religious beliefs.”)
2. The nature of these sincerely held religious beliefs or practices are as follows (please describe the reason why your religious beliefs prohibit you from receiving the influenza vaccine)\*:

If you had an *approved* religious exemption from the COVID-19 vaccines and the basis for your flu vaccine request is the same as your COVID-19 vaccine request: Please select the “I am requesting an exemption for the flu vaccine on the same grounds on which I requested an exemption for the COVID vaccine” option via the “Submit Your Religious Exemption” form at [umms.org/FluVaxExemptions](https://www.umms.org/employee-flu-vaccinations/exemptions). Then, you do not need to submit additional documentation for the flu vaccine.

By completing this form and signing below, I submit that I am providing truthful information regarding my sincerely held religious beliefs. I understand that I am expected to tell the truth. If UMMS becomes aware that I am not being truthful, I understand that I will be subject to corrective action, up to and including termination from employment.

Employee Signature:

Date: