

2018-2019 RELIGIOUS EXEMPTION REQUEST FOR INFLUENZA VACCINE

Instructions: All fields are mandatory and must be completed, including a detailed description and signature, in order for your form to be processed. In the space below, please provide a detailed description of the religious belief that guides your objection to receiving the influenza vaccination (i.e., why/how your religious belief prevents or precludes vaccination) and how this view has impacted your receipt of other vaccinations. Please attach additional documentation, if necessary. You must print clearly. Email completed form to: fluexemption@northshore.org, or Fax to: 847-763-8656.

Completed forms must be submitted by November 15th, 2018.

Name:		Date:	
Employee ID:		DOB:	
Department:		Manager's Name:	
Email:		Cell Phone:	
Check all locations that apply: Evanston <input type="checkbox"/> Glenbrook <input type="checkbox"/> Highland Park <input type="checkbox"/> Skokie <input type="checkbox"/> Medical Group <input type="checkbox"/> 1301 Central <input type="checkbox"/> 4901 Searle <input type="checkbox"/> Other <input type="checkbox"/> _____			

By applying for this Religious exemption I am attesting that I have a sincerely held religious belief against being vaccinated for influenza. I will make a clear connection between my belief and the vaccination in the summary below and have attached, as appropriate, relevant religious doctrine that supports my belief.

My signature below indicates I attest to providing truthful information.

Print Name:		Date:	
Signature:			