

Supervisor:

Jane Nichols Lab Director

MLH policy requires all members of the workforce to receive the COVID-19 vaccination. A religious exemption may be granted, subject to approval, if the individual holds sincere religious beliefs which are contrary to the practice of vaccination. If you seek a religious exemption to the COVID-19 vaccine requirement, please submit this completed form to AssociateHealth@mlh.org.

Please note that philosophical, political, scientific, sociological or other objections to immunization (rather than sincerely held religious beliefs) do not justify an exemption. While MLH will carefully review all requests for religious exemptions, approval is not guaranteed. We may need to obtain additional information and/or documentation of your religious practice(s) or belief(s). After your request has been reviewed and processed, you will be notified in writing if an exemption has been granted or denied.

In the space below, please provide a personal written statement detailing the religious basis for your vaccination objection, explaining why you are requesting this religious exemption, the religious principle(s) that guide your objections to vaccination. Include whether you are opposed to all immunizations and if not, the religious basis that prohibits COVID-19 in particular. Please attach additional documentation, if necessary.

See Attached Statement of Declination
for Offer of Vaccine Products

My employer, Methodist LeBonheur Healthcare, and location of employment, Methodist North Hospital, have offered vaccination products to me. I decline the offer of vaccine products based on my sincerely-held religious beliefs, practices, and/or observances.

I retain the right to decline all attempts to access, influence and/or otherwise alter any and all of my God-given biological material and/or biological systems which are unique, flawless and original design and craftsmanship of my Creator and of which my Creator has granted me sole possession, proprietorship and use of.

I require, in accordance with 1 Corinthians 3:16-17 & 6:19-20 as a Temple of the Holy Spirit, that any and all products offered to me by my employer or workplace be both entirely retrievable from and also removable in its entirety from my body, person, and womanhood at the conclusion of each and every work period and/or work shift and also and again at the completion of my contractual obligations with my location or employment, and/or employer. Pursuant to my above statement, I decline the offer for all vaccination products.

Because receiving the vaccine products would violate my sincerely-held religious beliefs, I hereby request accommodation of those beliefs with respect to the recently-imposed vaccination requirements. My accommodations are wearing one non-fitted surgical style mask and continue social distancing without being tested for Influenza or COVID. Having formally notified Methodist LeBonheur Healthcare of the conflict between the vaccine products and my religious beliefs, I look forward to receiving in a prompt and timely manner your decision on what accommodation you will provide. Failing that, I reserve my right to pursue legal remedies available to me with the Equal Employment Opportunity Commission or otherwise in accordance with established law.

By: *Audrey Ragsdale*

DATE 8-18-21

Audrey Ragsdale

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I certify that the above information is complete and accurate and that I hold a sincere religious belief that is against the receipt of the COVID-19 vaccine. I understand that any intentional misrepresentation contained in this request may result in corrective action. I understand that if I am granted this exemption, I may be required to comply with additional safety measures per policy such as masking/distancing.

Requestor Signature: Audrey Raasdale All Rights Reserved Date: 8-19-21

Please return completed form to AssociateHealth@mlh.org

Associate Health Only

Date Received		Exemption Granted? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, why? _____
Signature:		