

Lane County COVID-19 Vaccination Sincerely Held Religious Beliefs Exception Request Acknowledgements

This document and associated form are intended for use as a reference when applying for a religious exception to the COVID-19 immunization requirement for employment with Lane County and requesting an exception. Its purpose is to assist the County in determining if an individual's beliefs can be considered religious and understanding how they impact the requirement. While there may be some overlap between religious and secular reasons for certain religious observances or practices, generally speaking social, political, or economic philosophies, as well as mere personal preferences, are not religious beliefs protected under federal and state law. Whether a practice is religious is a situational, case by case inquiry focusing not on what the activity is but on whether the employee's participation (or limitation) in the activity is because of a sincerely held religious belief.

- I understand I am required to follow all other COVID-19 workplace requirements unless a separate reasonable accommodation under the ADA has been granted.

To acknowledge this statement, check the box and enter your initials:

- I understand other COVID-19 workplace safety procedures to assist in stopping the spread of COVID-19 may be put in place if my request for an exception is granted.

To acknowledge this statement, check the box and enter your initials:

- I verify the information I am submitting to substantiate my request for exception from Lane County COVID-19 vaccination policy is true and accurate to the best of my knowledge. I understand any falsified information can lead to disciplinary action, up to and including dismissal.

To acknowledge this statement, check the box and enter your initials:

- I understand Lane County is not required to provide this exception if doing so would pose a direct threat to myself and others in the workplace or would create an undue hardship.

To acknowledge this statement, check the box and enter your initials:

- I understand I am required to provide accurate information and documentation regarding my vaccination status and failure to do so may result in disciplinary action up to and including termination of my employment and/or criminal penalties. I certify that the vaccine information I have provided is accurate and truthful and reflects my vaccination status. I also understand that all information provided will be maintained in compliance with applicable law.

To acknowledge this statement, check the box and enter your initials:

Employee Name

Signature

Date

COVID-19 Vaccine Religious Exception Request Form

Instructions: Please refer to the [Instructions for filling out the COVID-19 Religious Exception Request Form](#). If you are requesting an exception from the COVID-19 vaccination requirement for religious reasons you must fill out this form and **submit it to your employer or other responsible person**.

DO NOT SEND THIS FORM TO THE OREGON HEALTH AUTHORITY.

I am requesting an exception from the COVID-19 vaccination on the basis of a sincerely held religious belief.

Individual's name:
Date of Birth:
Phone number:
Employer/Organization:

Please check the boxes below as appropriate and complete related questions:

- Receiving the COVID-19 vaccination conflicts with my religious observances, practices or beliefs as described below.

Please describe your religious belief and how it affects your ability to receive a COVID-19 vaccination

I certify the above information to be true and accurate and that I sincerely hold the religious beliefs described above.

Signature:	Date:
------------	-------

Please note that if your exception request is approved, you may be required by your employer or other responsible party to take additional steps to protect you and others from contracting and spreading COVID-19. Workplaces are not required to provide this exception accommodation if doing so would pose a direct threat to the excepted individual or others in the workplace or would create an undue hardship.

Document accessibility: For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact the Health Information Center at 1-971-673- 2411, 711 TTY or COVID19.LanguageAccess@dhsosha.state.or.us.

Lane County COVID-19 Vaccination Risk Mitigation Agreement

As part of receiving an approved exception to the Lane County COVID-19 Vaccination Requirements, I agree to follow additional risk mitigation requirements in lieu of vaccination as outlined below:

- When directed, I will participate in weekly COVID-19 PCR (saliva sample) testing, provided and coordinated by the County as outlined below:
 - I will register myself for the testing program.
 - I will participate in the weekly testing requirement and forward my results to LCHRVaccineER@lanecountyor.gov within 48 hours of receipt.

To acknowledge this statement, enter your initials: _____

- I agree to follow CDC guidance regarding isolation and quarantine if I or a close contact have a positive or presumed positive case of COVID.

To acknowledge this statement, enter your initials: _____

- When directed, I will wear a N95, KN95 or surgical mask in all indoor work spaces.

To acknowledge this statement, enter your initials: _____

- When directed, I will wear a N95, KN95 or surgical mask in all outdoor work spaces when 6 feet of distance from others cannot be maintained.

To acknowledge this statement, enter your initials: _____

I understand that the terms of this Risk Mitigation Agreement regarding use of a N95, KN95 or surgical mask are applicable while I am on County property, or while performing work for the County, or while on paid County time.

I understand that if I believe I have a disability that prevents me from complying with these risk mitigation requirements, I may request to engage in the ADA accommodation process through Human Resources. I understand that the acknowledgement of and participation in these risk mitigation measures are an expectation and requirement of my position at Lane County and that failure to comply with the measures outlined above are a violation of Department and/or County policy.

Employee Name

Signature

Date