

## Request for Accommodation Form

In order to be exempt from the requirements of the Governor or Illinois' Executive Order 2021-20 the CMS policy concerning the COVID-19 vaccine mandate for Healthcare Workers, you must complete the areas below and submit this form to Kristin Slagel, Team Services Coordinator. Your request and the information you provide to support the request will be used solely by Fairview Haven Ethics Committee in the accommodation process.

Name (print):	Date:
Dept.:	Position:
Manager:	Work/Cell Phone:

### I. Exemption from Vaccination Due to Sincerely Held Religious Belief

A. Identify the sincerely held religious belief or practice for which you are seeking accommodation. A sincerely held religious belief includes a belief that is theistic, or a moral and/or ethical belief as to what is right and wrong which is sincerely held.

B. Provide a brief description of the way in which your religious belief or practice conflicts with your compliance with the Order.

C. Please identify the specific accommodation you are requesting:

I verify that the information I am submitting to substantiate my request for exemption from the COVID-19 Vaccination Requirements is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including termination and/or a possible end to a working relationship with Fairview Haven.

Employee Signature:	Date:
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**II. Exemption From Vaccination Due to Medical Condition**

If you are seeking an exemption from the Executive Order due to a medical condition, please provide the following information. Additionally, you will be required to support this request with documentation from a health care provider to substantiate the existence of the medical condition, as well as the restriction and/or request for accommodation being made. The documentation must provide confirmation of recognized clinical contraindications to ALL authorized COVID-19 vaccines (ie: Moderna, Pfizer and Johnson & Johnson). Documentation from a health care provider must be submitted with the Request for Accommodation Form.

- A. Identify the medical condition(s) which serve as the basis for your request:
  
  
  
  
  
  
  
  
  
  
- B. Please identify the specific accommodation you are requesting:
  
  
  
  
  
  
  
  
  
  
- C. Please identify the anticipated duration of the accommodation you are requesting:

I verify that the information I am submitting to substantiate my request for exemption from the COVID-19 Vaccination Requirements is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including termination and/or a possible end to a working relationship with Fairview Haven.

Employee Signature:	Date:
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