



Confederated Tribes of Warm Springs, Oregon
Office of the Secretary-Treasurer/CEO
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Covid-19 Vaccine Religious Exception Form

Instructions: Please refer to the Covid-19 Protocols for the religious exceptions and you must fill this form completely out and submit to Human Resources through your supervisor.

Individuals Name:	DOB:
Phone Number:	Address:
Employer:	Position:

Exceptions: HR will grant medical or religious exemptions to this vaccine requirement, so long as the exemption does not pose an undue hardship or direct threat to health or safety.

Additional safety precautions or job modifications may be required, in the event an exemption is granted.

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

Medical exemption to include a letter from your physician to be on file with Human Resource (HR). This is normally defined as being allergic to any of the ingredient used to manufacture the vaccine and/or other underlining medical conditions.

The vaccine interferes with my religious beliefs. Please describe how the vaccine conflicts with your religious beliefs, observances, practices. _____

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

Signature:	Date:
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Glendon N. Smith, Office of Secretary-Treasurer/CEO
Confederated Tribes of Warm Springs

