



## Application for Religious Exemption for Influenza Vaccine

Applications should be submitted by no later than Monday, October 10, 2016. Staff and Labor Relations will notify you by email by Monday, October 17, 2016 as to whether or not your exemption application has been approved. If you do not have an active email account, you will be contacted at the phone number you provide below.

**Employee to complete the following information:**

Name (last, first) _____	Job Title _____
Duke Unique ID _____	Work Area _____
Best Phone Number _____	Email Address _____

Submit your completed form to **Staff and Labor Relations at hrslrpolicies@duke.edu or via fax at 919-681-7924**. All information requested must be provided and all questions must be answered in order for your application to be considered. Information will be kept confidential. If your application is approved, it will be recorded in your OESO compliance record within one week. You may check your OESO safety compliance record at: <http://www.safety.duke.edu/>

Should your exemption application be approved and should the prevalence of influenza within the community rise to a concerning level, Infection Control, with the support of Duke Health senior leadership, may institute additional controls to limit the spread. Such controls may include the wearing of a face mask or work reassignment.

**Section A: To be completed by those who received an approved religious exemption last year from Duke Health**

I was approved for a religious exemption last year and certify that my beliefs have not changed since that time. (If you check this box, proceed to Section D.)

**Section B: To be completed by all others seeking a religious exemption**

Do you provide direct patient care?  Y  N

Do you work in an area where patient care is provided (example: inpatient unit or clinic)?  Y  N

Do you have patient or visitor contact (example: registering, providing directions, praying)?  Y  N

Do you provide a service to patients or visitors (example: food preparation, financial counseling, music therapy)?  Y  N

Do you understand that you may be asked to wear a mask while at work or be reassigned should the level of influenza in the community warrant such additional infection control measures?  Y  N

Do you understand that you will be asked to submit an application for religious exemption annually (having been approved for an exemption one year does not automatically mean your exemption will be approved another year)?  Y  N

