



City of Albuquerque

(Insert Department Name)

Timothy Keller, Mayor

(Insert Dept. Director Name)

Employee Covid-19 Vaccine Exemption Request Form

Employees requesting **Medical** exemption must personally complete sections 1 and 4, and their health care provider must complete section 2, with an option of also signing off in section 4.

Employees requesting **Religious** exemptions must complete sections 1, 3, and 4. There is an option for a healthcare provider to sign off in section 4.

Completed forms should be submitted to the Human Resources Department, Employee Relations Division.

Section One: Employee Name and Identifying Information

Name: _____

Employee ID Number: _____

Employee Email: _____

Employee Phone: _____

Supervisor: _____

Date of Request: _____

Section Two: Medical Exemption Request (to be completed by medical provider)

Medical Provider Certification: I certify that my patient (name above) should not be vaccinated against COVID-19 because they have one of the following CDC Contraindications:

Permanent Medical Exemption effective date: _____

Temporary Medical Exemption effective date: _____ End Date: _____

A history of the following:

Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine

List which vaccine or allergic component: _____

Immediate allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine which is defined as any hypersensitivity-related signs or symptoms consistent with urticaria, angioedema, respiratory distress (e.g., wheezing, stridor), or anaphylaxis that occur within four hours following administration.

Please describe specific reaction:

Other documented medical contraindication or precaution—Please Explain:

Information to be reviewed by medical provider for approval.

Name and credentials of healthcare provider (print): _____

Signature: _____ Phone: _____

Section Three: Religious Exemption Request

Requests for religious exemption will be provided in appropriate circumstances.

If the sincerely religious observances, beliefs, or practices of an employee conflict with the requirement for COVID-19 immunization, the employee may be exempt from the requirement upon submission of the written statement below and compliance with all other requirements of the City of Albuquerque's COVID vaccination policy, if it would not constitute an undue hardship for the City. Social, political, or economic views or personal preferences do not qualify for accommodation/exemption.

As part of the religious exemption/accommodation request process, employees are required to provide a written and signed statement explaining the conflict between COVID-19 vaccination or testing and their sincerely held religious observances, practices, or beliefs. The Department of Human Resources and the operational Department _____ may also need to discuss the nature of the employee's religious beliefs, observances, and practice, as well as their requested accommodation, with the employee's religion's spiritual leader or religious scholars to address your request for an exemption.

In some cases, the Department of Human Resources or my Department _____ may request supporting materials, which may include:

- A letter from an authorized representative of the church, temple, religious institution, etc. that you attend, or literature from the church, temple, religious institution, etc., explaining doctrine/beliefs that prohibit immunization (Note: you need not be a member of an organized religion or religious institution to obtain a religious exemption);
- Any documents or other information you may be willing to provide that reflect a sincerely held religious belief, observance, or practice that conflict with the requirements for COVID-19 vaccination or testing.

Although the Department of Human Resources and my Department _____ will carefully review all requests for religious exemptions/accommodations, approval is not guaranteed. After your request has been reviewed and processed, you will be notified in writing if your exemption/accommodation has been approved or denied. The s decision is final and not subject to appeal. Employees may reapply if new information and documentation becomes available.

Describe below, in sufficient detail, the basis for the requested religious exemption. In particular, describe the nature of the sincerely held religious observance, practice, or belief(s) that conflict with the requirement for COVID-19 immunization; describe the nature of the accommodation or modification you are requesting; and list any alternative accommodations that would eliminate the conflict.

I understand that if my request is granted, there may be other preventive measures outlined in my exemption/accommodation approval that I will be required to take to help slow the transmission of COVID-19, protect my own health, and protect the health and safety of [Department-_____] and the City of Albuquerque employees. I understand that [Department-_____] may exclude me from [Department-_____] buildings and facilities in the event of an outbreak or threatened outbreak of COVID-19. I also understand that I may be subject to testing and other public health requirements to which vaccinated employees will not be subject.

I verify that these statements and the information I am submitting are truthful and accurate to the best of my knowledge, and I understand that any misrepresentation or falsehood contained in my attestation may result in disciplinary action, up to and including dismissal.

Signature of Employee: _____ Date: _____

I verify that if I am requesting a religious exemption request and to help validate the understanding of the ubiquity of fetal cell use in the testing and development of common medicines and consumer products and support of my claim of a “sincerely held belief.”

The following is a list of common medicines that have used fetal cells in their testing, research, and/or development. This is a commonly used and available, but not all-inclusive list of every day medicines that fall into the same category as the COVID-19 vaccine in their use of fetal cell lines:

Tylenol	Ibuprofen	Benadryl	Claritin
Pepto Bismol	Maalox	Sudafed	Zoloft
Aspirin	Simvastatin	Albuterol	Suphedrine
Tums	Ex-Lax	Preparation H	Prilosec OTC
Lipitor	Zocor	Enbrel	Azithromycin
Senokot	Zostavax	MMR Vaccine	Varilrix
Motrin	Tylenol Cold & Flu	Acetaminophen	Havrix

I truthfully acknowledge and affirm that my sincerely held religious belief is consistent and true and I do not use or will not use any of the medications listed as examples or any other medication (prescription, vaccine, or over the counter medication) that has used fetal cell lines in their development and/or testing.

I also truthfully affirm that I will abide by the vaccine accommodation requirements and understand that failure to abide by the accommodation requirements will subject me to disciplinary action up to and including termination of employment for failure to adhere to the required infection prevention standards for unvaccinated employees.

Signature of Employee: _____ Date: _____