



**STUDENT / ONSITE FACULTY**

**INFLUENZA VACCINATION RELIGIOUS EXEMPTION REQUEST FORM**

This form may be completed in Word or printed and completed by hand

Allina Health sees ourselves as being a health leader in the community. Each one of us shares a responsibility to set the right example. We need to take every action we can to ensure those we work alongside and those we care for are as protected as possible. This is why Allina Health has decided to make influenza and several other vaccines mandatory. Allina Health is committed to and promotes workforce diversity and an inclusive workplace as part of our equal employment opportunity commitments. If your religious belief, practice, or observance conflicts with the vaccination requirement, please provide the information requested below.

***Basic Information***

Name: Click or tap here to enter text.

Department/Location for student rotation: Click or tap here to enter text.

Allina student coordinator EMAIL AllinaAcademics@allina.com

***Preferred Contact Information*** (Please complete)

**Phone Number:** Click or tap here to enter text.

**Email Address:** Click or tap here to enter text.

**Name of School and Program:** Click or tap here to enter text.

**School contact email** Click or tap here to enter text.

**Type of Student (e.g. Social Work student, Nursing student, etc.)** Click or tap here to enter text.

For which vaccine are you requesting an exemption from Allina Health’s vaccine requirements?

Influenza

Please identify your sincerely held religious belief, practice, or observance that is the basis for your exemption request (attach additional sheets if necessary).

Click or tap here to enter text.

Please explain how your religious belief, practice, or observance conflicts with Allina Health’s vaccination requirement and identify: (a) the specific component of the vaccine that conflicts with your sincerely held religious belief, practice, or observance, if applicable; and (b) the religious foundation for the belief (e.g., doctrine, scripture, observance, training, letter from your religious leader, etc.) (attach additional sheets if necessary).

Click or tap here to enter text.



Have you received other vaccinations? Click or tap here to enter text. If so, explain how your religious belief, practice, or observance conflicts with Allina Health’s vaccination requirement when you have received other vaccinations.

Click or tap here to enter text. \_\_\_\_\_

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In some cases, Allina Health may need additional information or documentation about your religious belief, practice, or observance to evaluate your exemption request. We may need to discuss the nature of your religious belief, practice and exemption request with your religion’s spiritual leader (if applicable) or religious scholars to address your request for an exemption.

If requested, can you provide documentation to support your request for an exemption?

- Yes     No

If no, please explain why (attach additional sheets if necessary):

Click or tap here to enter text. \_\_\_\_\_

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I verify that the above information is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in termination of my volunteer status. I also understand that my request for an exemption may not be granted if it is not reasonable or if it creates an undue hardship on Allina.

**Signature:** \_\_\_\_\_ **Date:** Click or tap here to enter text. \_\_\_\_\_

**Print Name:** Click or tap here to enter text. \_\_\_\_\_

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**Upon completion of this form please email to [SNER@Allina.com](mailto:SNER@Allina.com)**

**Reference:** [Immunizations Requirements Policy Appendix A](#)