

COVID-19 Vaccine: Religious Exemption Request

Employee Name (print):	Date:
Center:	Position:
Manager:	Work/Cell Phone:

If you are requesting an accommodation related to the requirement that you receive a COVID-19 vaccination based on a sincerely held religious belief, practice, or observance, please complete this form and return it to your Human Resources Business Partner. If necessary to provide full responses, you may attach additional pages/documentation to this form. Bright Horizons reserves the right to request additional information in support of your request for an accommodation.

Please respond below and check each appropriate box:

- ☐ I have a sincerely held religious belief, practice or observance that I believe conflicts with the Company's COVID-19 vaccination requirement.

Explain how your sincerely held religious belief, practice, or observance conflicts with the COVID-19 vaccination requirement:

Does the sincerely-held religious belief, practice, and/or observance identified above conflict with your receiving other vaccines or just the COVID-19 vaccine?

- ☐ All other vaccines
☐ Some but not all other vaccines
☐ Only the COVID-19 vaccine

If your sincerely-held religious belief, practice, and/or observance conflicts with your receiving only the COVID-19 vaccine, please explain why.

If your sincerely-held religious belief, practice, and/or observance conflicts with your receiving some but not all other vaccines, please explain why.

- ☐ I understand that purely philosophical, political, scientific, or sociological objections to immunization do not justify an exemption or accommodation.

By signing below, I verify that the information I am submitting to substantiate my request for exemption from the Center's COVID-19 vaccine program is true and accurate to the best of my knowledge. In order for Bright Horizons to fully review and consider my request for an exemption, I understand my obligation to cooperate with the Company and provide additional requested information and/or documents, which may include meeting with me, prior to making a final decision regarding my requested exemption from the COVID-19 vaccination that is being requested of all employees at Bright Horizons. I understand that my failure to cooperate will lead to denial of the exemption and any falsified information can lead to disciplinary action, up to and including termination. I further understand that Bright Horizons is not required to provide this exemption accommodation if doing so would pose a direct threat to myself or others in the workplace or would create an undue hardship for Bright Horizons.

Employee Signature

Date