

<p><b>Applicant:</b> Please email the completed form and any supporting documents to:</p>	<p>Email: <a href="mailto:FluGuru@hhchealth.org">FluGuru@hhchealth.org</a></p>
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**Safety is a core value of Hartford HealthCare. To protect the safety of our patients, coworkers, and community, Hartford HealthCare requires all employed and non-employed staff members to receive a flu shot by 5 p.m., Nov. 16, 2020.**

If you have a sincerely held religious belief that prevents you from receiving the influenza vaccine, you must submit this completed form by 5 p.m., Oct. 1, 2020. The exemption form will be reviewed by a team of human resource and religious experts. You may be asked to submit additional supporting documentation if needed. **If your request is approved, you will be exempted from receiving influenza vaccine and you will be required to wear a mask while at any Hartford HealthCare location when within 6 feet of a patient/client during influenza season. If your request is not approved, you will be expected to receive the influenza vaccine.**

**Colleague completes this section:**

Colleague's Last Name (print below)	Colleague's First Name (print below)
Street Address (print below)	City/ State/Zip Code (print below)
Date of Birth:	Telephone number:
Employee ID number:	Department:
Division of Hartford HealthCare:	

Describe the specific religious doctrine or belief that precludes you from receiving the influenza vaccine. You may be asked to submit supporting documentation if needed.

Colleague's  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Colleague's email address: \_\_\_\_\_