

ARCHBOLD MEDICAL CENTER

P. O. Box 1018 • Thomasville, GA 31799-1018

☐ AMG ☐ AMH ☐ BCH ☐ GGH ☐ GMNH ☐ MCC ☐ MCH ☐ PPNH ☐ VNA

Request for Religious Exemption from COVID-19 Vaccination

Name: _____

Employee Number: _____

Department: _____

Job Title: _____

Date of Employment: _____

Explain in your own words why you are requesting this exemption.

Describe the moral, ethical or religious principles that guide your objection to immunization.

Are you opposed to all immunizations? If not, please describe the moral, ethical or religious basis that prohibits particular immunizations.

Have you received any vaccinations in the last five years?

If yes, when?

If yes, what vaccines?

I hereby affirm the truthfulness of this statement.

Signature: _____ Date: _____