

UH Staff Member																			
First Name	Lauren	MI	M	Last Name	CARPENTER														
UH Email	lauren.carpenter@uhhospitals.org		Date of Birth	M	0	M	6	D	2	D	2	Y	1	Y	9	Y	8	Y	4
Network Username (e.g. jdoex1)	Handie0			Phone	440.487.3755														

Please describe your sincerely held religious belief or practice that necessitates an exemption from the COVID-19 vaccination requirement. To be eligible for a possible exemption, you must first establish that your refusal to be vaccinated is based upon a sincerely held religious belief. In accordance with the regulatory requirements for granting a religious exemption, information about personal preference, concerns about the vaccine, or political opinions do not meet the standard for a sincerely held religious belief.

Information necessary to assess your religious accommodation request includes, the nature of your objection to the vaccine, why complying with the COVID-19 vaccine requirement places a substantial burden on your religious exercise, if there are any other medicines or products you do not use because of a religious belief (such as avoidance of other vaccines), and any other additional information you think may be helpful in reviewing your request.

<p>My sincerely held religious belief opposes abortion, as well as the use of aborted fetal cells. Fetal cell involvement in the make of the Covid 19 Vaccination and my receiving of any of the vaccinations would be in direct violation of my sincerely held religious beliefs and practices. I have been opposed to abortion my entire life, my convictions about the use of fetal cells is part of my spiritual conscience, gifted to me by the Holy Spirit. His direction in my life is the Plumb line I use in the decisions I make in all areas of my life and my health, as well as remaining in accordance with the Holy Scriptures. The receiving of this vaccine goes against my sincerely held religious beliefs and practices.</p>
Continue on a separate page if necessary.

I confirm that all the information I have provided is complete, accurate and truthful to the best of my knowledge and belief. I understand that knowingly misrepresenting information in my request for an accommodation may result in corrective action up to and including termination. I also understand that my request for an accommodation may not be granted if it is not reasonable, if it would impose an undue hardship on University Hospitals, or if it were to pose a direct threat to the health and safety of myself or others in my workplace.

Lauren M. Carpenter

Staff Member Signature

2/3/22

Date