



# COVID-19 Vaccination: Religious Accommodation Form

## Policy Statement & Instructions:

General Electric (“GE”) provides reasonable accommodations for an individual’s sincerely held religious beliefs consistent with federal, state, and local law, unless providing a reasonable accommodation would result in undue hardship to the business. If you are seeking an accommodation for religious reasons, please complete this form and return it to your Human Resources Manager or HR Review team.

To be eligible for a possible accommodation, you must first establish that your refusal to be vaccinated is based upon a sincere belief that is religious in nature. A refusal to be vaccinated does not qualify for an accommodation if it is based upon personal preference, concerns about the possible effects of the vaccine, or political opinions. The information you provide in the form below will allow us to evaluate your request and decide whether and how we can grant an accommodation. We may ask you for more information about your request. We will inform you once a decision is made on your request.

## Expectations for Cooperation and Honesty:

GE respects employee religious and personal beliefs, but we also must comply with applicable requirements as an employer and a federal contractor. We expect employees to cooperate with us as we evaluate accommodation requests, including providing true and accurate information in furtherance of accommodation requests. If GE determines that an employee has failed to cooperate with our information requests or that an employee has acted dishonestly in the process, then GE may deny the accommodation request. Additionally, if an employee has acted dishonestly in the process, GE may also take disciplinary action against an employee, including potentially terminating an employee’s employment.

## Privacy Notice:

The information provided in this form will be used to evaluate your accommodation request and decide whether and how GE may grant an accommodation. Responses and any supporting materials provided in this form will remain confidential and may only be accessed by authorized GE Medical, HR, EHS, Legal and Audit employees with responsibilities related to the purposes described above, except in cases where disclosure to a public health or other governmental authority is required. Please do not include any personal health and/or diagnosis information in your responses. Your personal information will be handled in accordance with the GE Employment Data Protection Standards. Any questions about this form may be directed to your HR leader.

**Name:**

**SSO:**

**Phone:**

**Business Unit:**

*(For us to contact you with questions)*



**Complete the questions below. Incomplete forms will not be reviewed. Be sure this form and any documentation you decide to attach are submitted at one time.**

1. Please note any vaccination related deadlines that you are aware of for any customer or facility you will need to visit for your work:

2. Are you requesting an accommodation to the COVID-19 vaccination requirements?

Yes \_\_\_ No \_\_\_

3. Please describe the religious nature of your objection to the COVID-19 or other vaccination requirements.

4. Please describe the conflict between your religious belief and GE's COVID-19 vaccination requirement.



5. Is the religious belief you identified above based on an organized religious faith to which you belong? If yes, what is that organized religious faith? If no, write "N/A" in the space below.

6. If your request for accommodation is not based on an organized religious faith to which you belong, please describe the basis for the religious belief. Write "N/A" in the space below if you substantively answered No. 5.

7. Are there any alternate accommodations that might address the religious belief that you described above?



8. Please describe whether, as an adult, you have received any vaccines against any other diseases (such as a flu vaccine or a tetanus vaccine) and, if so, what vaccine you most recently received and when, to the best of your recollection:

9. If you do not have a religious objection to the use of all vaccines, please explain why your religious objection is limited to particular vaccines.

10. Does the conflict stated above between the COVID-19 vaccination requirement and your religious beliefs relate to the purported use of fetal cells in the development and/or testing of a COVID-19 vaccine? If it does, check “Yes” in the space below and review “a” and respond to “b” and “c” below. If it does not, check “No” in the space below.

Yes \_\_\_ No \_\_\_

a. The following table contains common medications that have reportedly used fetal cells in their development and/or testing:

Acetaminophen / Tylenol	Pepto Bismol	Tums	Lipitor	Senokot	Xigris
Guaifenesin / Mucinex	Prilosec OTC	Maalox	Simvastatin	Ex-Lax	Zocor
Ibuprofen / Motrin / Advil	MMR Vaccine	Zostavax	Amlodipine / Norvasc	Benadryl	Sudafed
Aspirin	Albuterol	Preparation H	Enbrel	Azithromycin	Metformin
Lidocaine / Lidoderm	Acetaminophen	Claritin	Zoloft	Suphedrine	Havrix
REGEN-COV <sub>2</sub>	Remdesivir	Dextromethorphan / Robitussin	Aleve		



*b. If you have used any of these common medications listed as examples or any other medication (prescription, vaccine, or over the counter medication) that has used fetal cell lines in their development and/or testing, please explain how that does not conflict with your sincerely held religious beliefs.*

*c. Do you truthfully acknowledge you do not use and/or will not use any of these common medications or any other medications (prescription, vaccine, or over-the-counter medication) that has used fetal cells in their development and/or testing? If not, please explain.*



11. Please explain how the religious belief affects other aspects of your life, such as whether it prevents you from taking certain medications:

*a. Based upon your religious belief, are you unable to take certain prescription or over the counter medications?*

Yes \_\_\_ No \_\_\_

*b. Based upon your religious belief, do you need to follow certain dietary restrictions?*

Yes \_\_\_ No \_\_\_

*c. Does your religious belief prevent you from receiving medical care?*

Yes \_\_\_ No \_\_\_

12. Does your religious belief prevent you from complying with other safety protocols or requirements designed to keep you safe (e.g. wearing goggles or steel-toed boots, or wearing a seat belt while driving)?

Yes \_\_\_ No \_\_\_

13. Is there anything else you would like GE to know about your request for accommodation? If so, please provide that information here or attach any documents you wish to provide. Please do not include any personal health and/or diagnosis information in your response or attachment(s).

**Employee Acknowledgment:** I acknowledge that I have read and understand this request form, and that all statements I have made above are complete and accurate to the best of my knowledge. I understand that any intentional misrepresentation I have made in this request may result in disciplinary action. I understand that the accommodation requested above may not be granted if I have not identified a religious belief that conflicts with the COVID-19 vaccination requirement, if the accommodation requested is not reasonable, or if the accommodation requested imposes an undue hardship on GE.

**Initial Next to Each of the Statements:**



- I request an accommodation from the COVID-19 vaccination requirement due to my sincerely held religious beliefs. I understand and assume the risks of non-vaccination.
- Should I contract COVID-19, I will immediately report it to employee health staff or HR contact and comply with all procedures as specified.
- I understand and agree to comply with and abide by all other GE COVID-19-related policies and procedures.

**Signature:**

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**Date:**

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