Name:_		Date: 9/17/21
1.	Religio	ous belief, practice, or observance
	0	Please provide more detail about your religious belief/practice that prevents you from receiving a COVID-19 vaccination.
	0	Is this a deeply held conviction you have about what is right or wrong for you to do?
		How long have you held this belief or engaged in this practice?
		Have you applied this belief/practice to other decisions in your life?
	0	Do you have any additional religious beliefs or practices that prevent you from receiving a COVID-19 vaccination?
	0	Please explain the following statement(s) in your application form:
2.	Explan	ation of conflict
	0	Please explain specifically how you receiving a COVID-19 vaccination would conflict with your religious belief/practice of
	0	Have you previously received other vaccinations, immunizations, or injections? If so, how does this situation differ?
	0	What is the basis for your (factual) statement that?
		If that were not the case, would you still have a religious objection to receiving a COVID-19 vaccination?
	0	Is the conflict with your religious belief/practice permanent, or possibly temporary?
3.	(24 <u>m</u>)	imodation
J.	Accom	

COVID-19 Vaccination – Q&A for Religious Exemption Interviews

0	The District is considering a number of potential alternative requirements to vaccination that would help prevent COVID-19 transmission and illness. Would you object to any of the following alternative requirements, and if so why?
	 Wearing personal protective equipment
	• KN 95 masks –
	• N 95 masks –
	Face shield with a veil/hood —
	• Gloves – .
	• Gown –
	 Social distancing
	 Maintaining six feet of distance from others as much as possible -
	 Adjustments to work schedule to minimize contact with others -
	Reassignment –
	 Conducting some meetings via Zoom/remotely -
	 Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE)
	 Special environmental protections

- Wiping down spaces -
- Plexiglass dividers for meetings/observations/testing -
- Periodic testing for COVID
 - Weekly testing
 - Testing administered by the District
 - Self-testing with documentation
- o [For any *religious* objections raised to a listed alternative, go over the same questions in the initial application form, and any appropriate follow-up questions consistent with the above.]

Self-report symptoms – daily symptom check.

o Are there any additional alternative requirements to vaccination you would like to propose? If so, please explain.

- o Is there anything specific to your job activities or environment that the District should consider in evaluating alternative requirements to vaccination for you?
 - Are there times on the job when you cannot maintain 6 feet of social distancing with others? If so, what times?

RECOMMENDATION:		

COVID-19 Vaccination – Q&A for Religious Exemption Interviews

Name:_	Date:	September 15	, 2021

1. Religious belief, practice, or observance

 Please provide more detail about your religious belief/practice that prevents you from receiving a COVID-19 vaccination.



- o Is this a deeply held conviction you have about what is right or wrong for you to do?
 - How long have you held this belief or engaged in this practice?
 - Have you applied this belief/practice to other decisions in your life?



- Do you have any additional religious beliefs or practices that prevent you from receiving a COVID-19 vaccination?
- Please explain the following statement(s) in your application form: _______.

2. Explanation of conflict

- Please explain specifically how you receiving a COVID-19 vaccination would conflict with your religious belief/practice of _______.
- Have you previously received other vaccinations, immunizations, or injections? If so, how does this situation differ?



- What is the basis for your (factual) statement that
 - If that were not the case, would you still have a religious objection to receiving a COVID-19 vaccination?
- o Is the conflict with your religious belief/practice permanent, or possibly temporary?

3. Accommodation

- The District is considering a number of potential alternative requirements to vaccination that would help prevent COVID-19 transmission and illness. Would you object to any of the following alternative requirements, and if so why?
 - Wearing personal protective equipment
 - KN 95 masks
 - N 95 masks
 - Face shield with a veil/hood
 - Gloves
 - Gown
 - Social distancing
 - Maintaining six feet of distance from others as much as possible
 - Adjustments to work schedule to minimize contact with others



- Reassignment
- Conducting some meetings via Zoom/remotely
- Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE)
- Special environmental protections
 - Wiping down spaces
 - Plexiglass dividers for meetings/observations/testing
- Periodic testing for COVID
 - Weekly testing
 - Testing administered by the District
 - Self-testing with documentation



- [For any *religious* objections raised to a listed alternative, go over the same questions in the initial application form, and any appropriate follow-up questions consistent with the above.]
- Are there any additional alternative requirements to vaccination you would like to propose? If so, please explain.

- o Is there anything specific to your job activities or environment that the District should consider in evaluating alternative requirements to vaccination for you?
 - Are there times on the job when you cannot maintain 6 feet of social distancing with others? If so, what times?

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Name:		Date: 9/17/21
1.	Religi	ous belief, practice, or observance
	0	Please provide more detail about your religious belief/practice that prevents you from receiving a COVID-19 vaccination.
	0	Is this a deeply held conviction you have about what is right or wrong for you to do?
	O	• How long have you held this belief or engaged in this practice?
		• Have you applied this belief/practice to other decisions in your life?
	0	Do you have any additional religious beliefs or practices that prevent you from receiving a COVID-19 vaccination?
	0	Please explain the following statement(s) in your application form:
2.	Explai	nation of conflict
	0	Please explain specifically how you receiving a COVID-19 vaccination would conflict with your religious belief/practice of
Anti-ab	ortion,	Christian who cannot accept vaccine derived from fetal cell lines.
	0	Have you previously received other vaccinations, immunizations, or injections? If so, how does this situation differ?
	0	What is the basis for your (factual) statement that?
		If that were not the case, would you still have a religious objection to receiving a COVID-19 vaccination?
	0	Is the conflict with your religious belief/practice permanent, or possibly temporary?

COVID-19 Vaccination – Q&A for Religious Exemption Interviews

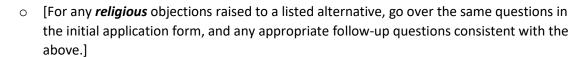
3. Accommodation



- The District is considering a number of potential alternative requirements to vaccination that would help prevent COVID-19 transmission and illness. Would you object to any of the following alternative requirements, and if so why?
 - Wearing personal protective equipment
 - KN 95 masks –
 - N 95 masks -
 - Face shield with a veil/hood -
 - Gloves –
 - Gown –
 - Social distancing
 - Maintaining six feet of distance from others as much as possible -
 - Adjustments to work schedule to minimize contact with others –
 - Reassignment –
 - Conducting some meetings via Zoom/remotely –
 - Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE) –
 - Special environmental protections
 - Wiping down spaces -
 - Plexiglass dividers for meetings/observations/testing
 - Periodic testing for COVID
 - Weekly testing
 - Testing administered by the District

COVID-19 Vaccination – Q&A for Religious Exemption Interviews

• Self-testing with documentation



- Are there any additional alternative requirements to vaccination you would like to propose? If so, please explain.
- o Is there anything specific to your job activities or environment that the District should consider in evaluating alternative requirements to vaccination for you?
 - Are there times on the job when you cannot maintain 6 feet of social distancing with others? If so, what times?

	with others?	If so, what times?
RECOMMENDATION:		

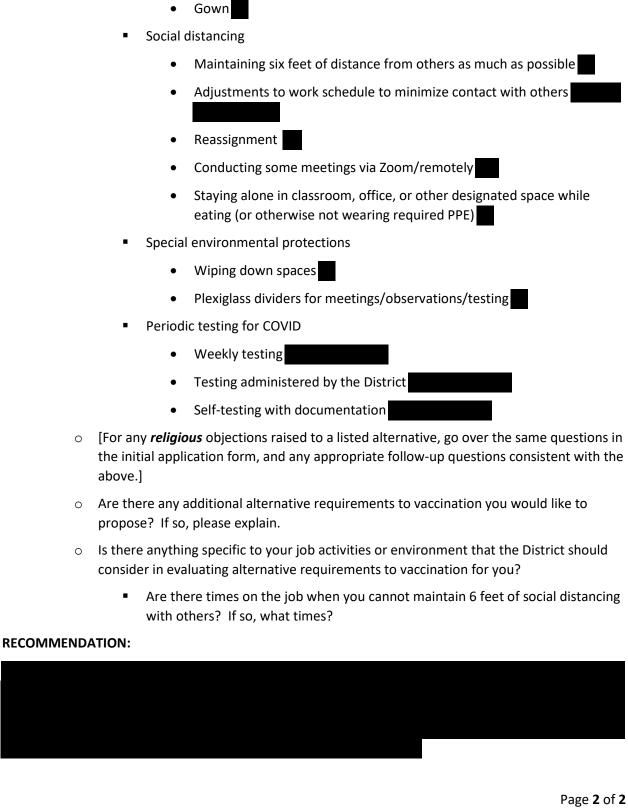
Name:		Date: September 15, 2021 @ 10:30 am
1.	Religio	us belief, practice, or observance
	0	Please provide more detail about your religious belief/practice that prevents you from receiving a COVID-19 vaccination.
	0	Is this a deeply held conviction you have about what is right or wrong for you to do?
		How long have you held this belief or engaged in this practice?
		Have you applied this belief/practice to other decisions in your life?
	0	Do you have any additional religious beliefs or practices that prevent you from receiving a COVID-19 vaccination?
	0	Please explain the following statement(s) in your application form:
2.	Explana	ation of conflict
	0	Please explain specifically how you receiving a COVID-19 vaccination would conflict with your religious belief/practice of
	0	Have you previously received other vaccinations, immunizations, or injections? If so, how does this situation differ?
	0	What is the basis for your (factual) statement that?
		• If that were not the case, would you still have a religious objection to receiving a COVID-19 vaccination?
	0	Is the conflict with your religious belief/practice permanent, or possibly temporary?
3.	Accom	modation
	0	The District is considering a number of potential alternative requirements to vaccination that would help prevent COVID-19 transmission and illness. Would you object to any of the following alternative requirements, and if so why?
		 Wearing personal protective equipment
		KN 95 masks

COVID-19 Vaccination – Q&A for Religious Exemption Interviews

N 95 masks

Gloves

Face shield with a veil/hood



Name:		Date: September 9, 2021
1.	Religio	us belief, practice, or observance
	0	Please provide more detail about your religious belief/practice that prevents you from receiving a COVID-19 vaccination.
	0	Is this a deeply held conviction you have about what is right or wrong for you to do?
		How long have you held this belief or engaged in this practice?
		Have you applied this belief/practice to other decisions in your life?
	0	Do you have any additional religious beliefs or practices that prevent you from receiving a COVID-19 vaccination?
	0	Please explain the following statement(s) in your application form:
2.	Explan	ation of conflict
	0	Please explain specifically how you receiving a COVID-19 vaccination would conflict with your religious belief/practice of
	0	Have you previously received other vaccinations, immunizations, or injections? If so, how does this situation differ?
	0	What is the basis for your (factual) statement that?
		If that were not the case, would you still have a religious objection to receiving a COVID-19 vaccination?
	0	Is the conflict with your religious belief/practice permanent, or possibly temporary?
3.	Accom	modation

0	The District is considering a number of potential alternative requirements to vaccination that would help prevent COVID-19 transmission and illness. Would you object to any of the following alternative requirements, and if so why?
	 Wearing personal protective equipment
	KN 95 masks
	N 95 masks
	Face shield with a veil/hood
	• Gloves
	• Gown
	 Social distancing
	 Maintaining six feet of distance from others as much as possible
	 Adjustments to work schedule to minimize contact with others
	Reassignment
	 Conducting some meetings via Zoom/remotely
	 Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE)
	 Special environmental protections
	Wiping down spaces
	 Plexiglass dividers for meetings/observations/testing
	 Periodic testing for COVID
	 Weekly testing
	 Testing administered by the District
	 Self-testing with documentation
0	[For any <i>religious</i> objections raised to a listed alternative, go over the same questions in the initial application form, and any appropriate follow-up questions consistent with the

- above.]
- o Are there any additional alternative requirements to vaccination you would like to propose? If so, please explain.
- o Is there anything specific to your job activities or environment that the District should consider in evaluating alternative requirements to vaccination for you?
 - Are there times on the job when you cannot maintain 6 feet of social distancing with others? If so, what times?

COVID-19 Vaccination – Q&A for Religious Exemption Interviews



RECOMMENDATION:



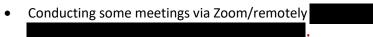
Name:		Date: <u>September 9, 2021</u>
1.	Religio	ous belief, practice, or observance
	0	Please provide more detail about your religious belief/practice that prevents you from receiving a COVID-19 vaccination.
	0	Is this a deeply held conviction you have about what is right or wrong for you to do?
		How long have you held this belief or engaged in this practice?
		Have you applied this belief/practice to other decisions in your life?
		Do you have any additional religious beliefs or practices that proyent you from receiving
	0	Do you have any additional religious beliefs or practices that prevent you from receiving a COVID-19 vaccination?
	0	Please explain the following statement(s) in your application form:
2.	Explan	nation of conflict
	0	Please explain specifically how you receiving a COVID-19 vaccination would conflict with your religious belief/practice of
	0	Have you previously received other vaccinations, immunizations, or injections? If so, how does this situation differ?
	0	What is the basis for your (factual) statement that?
		If that were not the case, would you still have a religious objection to receiving a COVID-19 vaccination?
	0	Is the conflict with your religious belief/practice permanent, or possibly temporary?

COVID-19 Vaccination – Q&A for Religious Exemption Interviews

3. Accommodation

- The District is considering a number of potential alternative requirements to vaccination that would help prevent COVID-19 transmission and illness. Would you object to any of the following alternative requirements, and if so why?
 - Wearing personal protective equipment
 - NN 95 masks
 - N 95 masks
 - Face shield with a veil/hood
 - Gloves
 - Gown
 - Social distancing
 - Maintaining six feet of distance from others as much as possible
 - Adjustments to work schedule to minimize contact with others





- Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE)
- Special environmental protections
 - Wiping down spaces
 - Plexiglass dividers for meetings/observations/testing
- Periodic testing for COVID
 - Weekly testing
 - Testing administered by the District
 - Self-testing with documentation
- [For any religious objections raised to a listed alternative, go over the same questions in the initial application form, and any appropriate follow-up questions consistent with the above.]
- Are there any additional alternative requirements to vaccination you would like to propose? If so, please explain.
- Is there anything specific to your job activities or environment that the District should consider in evaluating alternative requirements to vaccination for you?
 - Are there times on the job when you cannot maintain 6 feet of social distancing with others? If so, what times?

COVID-19 Vaccination – Q&A for Religious Exemption Interviews

RECOMMENDATION:



Name:_		Date: September 17, 2021
1.	Religio	us belief, practice, or observance
	0	Please provide more detail about your religious belief/practice that prevents you from receiving a COVID-19 vaccination.
	0	Is this a deeply held conviction you have about what is right or wrong for you to do?
		How long have you held this belief or engaged in this practice?
		Have you applied this belief/practice to other decisions in your life?
	0	Do you have any additional religious beliefs or practices that prevent you from receiving a COVID-19 vaccination?
	0	Please explain the following statement(s) in your application form:
2.	Explana	ation of conflict
	0	Please explain specifically how you receiving a COVID-19 vaccination would conflict with your religious belief/practice of
	0	Have you previously received other vaccinations, immunizations, or injections? If so, how does this situation differ?
	0	What is the basis for your (factual) statement that?
		If that were not the case, would you still have a religious objection to receiving a COVID-19 vaccination?
	0	Is the conflict with your religious belief/practice permanent, or possibly temporary?

COVID-19 Vaccination – Q&A for Religious Exemption Interviews

3. Accommodation

on of

0	The District is considering a number of potential alternative requirements to vaccinati that would help prevent COVID-19 transmission and illness. Would you object to any of the following alternative requirements, and if so why?
	 Wearing personal protective equipment
	KN 95 masks
	N 95 masks
	Face shield with a veil/hood
	• Gloves
	• Gown
	Social distancing
	 Maintaining six feet of distance from others as much as possible
	 Adjustments to work schedule to minimize contact with others
	 Reassignment
	 Conducting some meetings via Zoom/remotely
	 Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE)
	 Special environmental protections
	Wiping down spaces
	 Plexiglass dividers for meetings/observations/testing
	 Periodic testing for COVID
	Weekly testing
	 Testing administered by the District
	 Self-testing with documentation
0	[For any <i>religious</i> objections raised to a listed alternative, go over the same questions the initial application form, and any appropriate follow-up questions consistent with the

in the mitial application form, and any appropriate follow-up questions consistent with the above.]

o Are there any additional alternative requirements to vaccination you would like to propose? If so, please explain.

o Is there anything specific to your job activities or environment that the District should consider in evaluating alternative requirements to vaccination for you?

COVID-19 Vaccination – Q&A for Religious Exemption Interviews

• Are there times on the job when you cannot maintain 6 feet of social distancing with others? If so, what times?

RECOMMENDATION:



3. Accommodation

Name:		Date: <u>September 14, 2021</u>
1.	Religio	us belief, practice, or observance
	0	Please provide more detail about your religious belief/practice that prevents you from receiving a COVID-19 vaccination.
	0	Is this a deeply held conviction you have about what is right or wrong for you to do?
		How long have you held this belief or engaged in this practice?
		Have you applied this belief/practice to other decisions in your life?
	0	Do you have any additional religious beliefs or practices that prevent you from receiving a COVID-19 vaccination?
	0	Please explain the following statement(s) in your application form:
2.	Explana	ation of conflict
	0	Please explain specifically how you receiving a COVID-19 vaccination would conflict with your religious belief/practice of
	0	Have you previously received other vaccinations, immunizations, or injections? If so, how does this situation differ?
	0	What is the basis for your (factual) statement that?
		If that were not the case, would you still have a religious objection to receiving a COVID-19 vaccination?
	0	Is the conflict with your religious belief/practice permanent, or possibly temporary?

- The District is considering a number of potential alternative requirements to vaccination that would help prevent COVID-19 transmission and illness. Would you object to any of the following alternative requirements, and if so why?
 - Wearing personal protective equipment
 - NN 95 masks
 - N 95 masks
 - Face shield with a veil/hood
 - Gloves
 - Gown
 - Social distancing
 - Maintaining six feet of distance from others as much as possible
 - Adjustments to work schedule to minimize contact with others
 - Reassignment
 - Conducting some meetings via Zoom/remotely
 - Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE)
 - Special environmental protections
 - Wiping down spaces
 - Plexiglass dividers for meetings/observations/testing
 - Periodic testing for COVID
 - Weekly testing
 - Testing administered by the District
 - Self-testing with documentation
- [For any *religious* objections raised to a listed alternative, go over the same questions in the initial application form, and any appropriate follow-up questions consistent with the above.]
- Are there any additional alternative requirements to vaccination you would like to propose? If so, please explain.
- Is there anything specific to your job activities or environment that the District should consider in evaluating alternative requirements to vaccination for you?
 - Are there times on the job when you cannot maintain 6 feet of social distancing with others? If so, what times?

RECOMMENDATION:			

Name:_		Date: September 1, 2021
1.	Religio	us belief, practice, or observance
	0	Please provide more detail about your religious belief/practice that prevents you from receiving a COVID-19 vaccination.
	0	Is this a deeply held conviction you have about what is right or wrong for you to do?
		 How long have you held this belief or engaged in this practice? Have you applied this belief/practice to other decisions in your life?
		Trave you applied this belief, practice to other decisions in your me:
	0	Do you have any additional religious beliefs or practices that prevent you from receiving a COVID-19 vaccination?
	0	Please explain the following statement(s) in your application form:
2.	Explana	ation of conflict
	0	Please explain specifically how you receiving a COVID-19 vaccination would conflict with your religious belief/practice of
	0	Have you previously received other vaccinations, immunizations, or injections? If so, how does this situation differ?
	0	What is the basis for your (factual) statement that?

COVID-19 Vaccination – Q&A for Religious Exemption Interviews

- If that were not the case, would you still have a religious objection to receiving a COVID-19 vaccination?
- Is the conflict with your religious belief/practice permanent, or possibly temporary?

3. Accommodation

- The District is considering a number of potential alternative requirements to vaccination that would help prevent COVID-19 transmission and illness. Would you object to any of the following alternative requirements, and if so why?
 - Wearing personal protective equipment
 - KN 95 masks
 - N 95 masks
 - Face shield with a veil/hood
 - Gloves
 - Gown
 - Social distancing
 - Maintaining six feet of distance from others as much as possible
 - Adjustments to work schedule to minimize contact with others
 - Reassignment
 - Conducting some meetings via Zoom/remotely
 - Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE)
 - Special environmental protections
 - Wiping down spaces
 - Plexiglass dividers for meetings/observations/testing
 - Periodic testing for COVID
 - Weekly testing
 - Testing administered by the District
 - Self-testing with documentation
- [For any *religious* objections raised to a listed alternative, go over the same questions in the initial application form, and any appropriate follow-up questions consistent with the above.]
- Are there any additional alternative requirements to vaccination you would like to propose? If so, please explain.

- o Is there anything specific to your job activities or environment that the District should consider in evaluating alternative requirements to vaccination for you?
 - Are there times on the job when you cannot maintain 6 feet of social distancing with others? If so, what times?

RECOM	1MEND/	ATION:
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Name:_

COVID-19 Vaccination – Q&A for Religious Exemption Interviews

1.	Religio	ous belief, practice, or observance				
	0	Please provide more detail about your religious belief/practice that prevents you from receiving a COVID-19 vaccination.				
	0	Is this a deeply held conviction you have about what is right or wrong for you to do?				
		How long have you held this belief or engaged in this practice?				
		Have you applied this belief/practice to other decisions in your life?				
	0	Do you have any additional religious beliefs or practices that prevent you from receiving a COVID-19 vaccination?				
	0	Please explain the following statement(s) in your application form:				
2.	Explan	ation of conflict				
	0	Please explain specifically how you receiving a COVID-19 vaccination would conflict with your religious belief/practice of				
	0	Have you previously received other vaccinations, immunizations, or injections? If so, how does this situation differ?				
		е				
	0	What is the basis for your (factual) statement that?				
		If that were not the case, would you still have a religious objection to receiving a COVID-19 vaccination?				
	0	Is the conflict with your religious belief/practice permanent, or possibly temporary?				

_____ Date: <u>September 15, 2021 @ 9:45 am</u>

COVID-19 Vaccination – Q&A for Religious Exemption Interviews

3. Accommodation

- The District is considering a number of potential alternative requirements to vaccination that would help prevent COVID-19 transmission and illness. Would you object to any of the following alternative requirements, and if so why?
 - Wearing personal protective equipment
 - KN 95 masks
 - N 95 masks
 - Face shield with a veil/hood
 - Gloves
 - Gown
 - Social distancing
 - Maintaining six feet of distance from others as much as possible
 - Adjustments to work schedule to minimize contact with others
 - Reassignment
 - Conducting some meetings via Zoom/remotely
 - Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE)
 - Special environmental protections
 - Wiping down spaces
 - Plexiglass dividers for meetings/observations/testing
 - Periodic testing for COVID
 - Weekly testing
 - Testing administered by the District
 - Self-testing with documentation
- [For any *religious* objections raised to a listed alternative, go over the same questions in the initial application form, and any appropriate follow-up questions consistent with the above.]
- Are there any additional alternative requirements to vaccination you would like to propose? If so, please explain.
- Is there anything specific to your job activities or environment that the District should consider in evaluating alternative requirements to vaccination for you?
 - Are there times on the job when you cannot maintain 6 feet of social distancing with others? If so, what times?

COVID-19 Vaccination – Q&A for Religious Exemption Interviews

RECOMMENDATION:



Name:		Date: September 17, 2021 @ 9:30 am
1.	Religio	us belief, practice, or observance
	0	Please provide more detail about your religious belief/practice that prevents you from receiving a COVID-19 vaccination.
	0	Is this a deeply held conviction you have about what is right or wrong for you to do?
		How long have you held this belief or engaged in this practice?
		Have you applied this belief/practice to other decisions in your life?
	0	Do you have any additional religious beliefs or practices that prevent you from receiving a COVID-19 vaccination?
	0	Please explain the following statement(s) in your application form:
2.	Explana	ation of conflict
	0	Please explain specifically how you receiving a COVID-19 vaccination would conflict with your religious belief/practice of
	0	Have you previously received other vaccinations, immunizations, or injections? If so, how does this situation differ?
	0	What is the basis for your (factual) statement that?
		• If that were not the case, would you still have a religious objection to receiving a COVID-19 vaccination?
	0	Is the conflict with your religious belief/practice permanent, or possibly temporary?

COVID-19 Vaccination – Q&A for Religious Exemption Interviews

3. Accommodation

- The District is considering a number of potential alternative requirements to vaccination that would help prevent COVID-19 transmission and illness. Would you object to any of the following alternative requirements, and if so why?
 - Wearing personal protective equipment



- KN 95 masks
- N 95 masks
- Face shield with a veil/hood
- Gloves
- Gown
- Social distancing
 - Maintaining six feet of distance from others as much as possible
 - Adjustments to work schedule to minimize contact with others



- Reassignment
- Conducting some meetings via Zoom/remotely
- Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE)
- Special environmental protections
 - Wiping down spaces
 - Plexiglass dividers for meetings/observations/testing
- Periodic testing for COVID
 - Weekly testing
 - Testing administered by the District
 - Self-testing with documentation
- o [For any *religious* objections raised to a listed alternative, go over the same questions in the initial application form, and any appropriate follow-up questions consistent with the above.]
- o Are there any additional alternative requirements to vaccination you would like to propose? If so, please explain.
- Is there anything specific to your job activities or environment that the District should consider in evaluating alternative requirements to vaccination for you?

COVID-19 Vaccination – Q&A for Religious Exemption Interviews

Are there times on the job when you cannot maintain 6 feet of social distancing with others? If so, what times?

RECOMMENDATION:



COVID-19 Vaccination – Q&A for Religious Exemption Interviews

Name:_		Date: October 1, 2021
1.	Religio	ous belief, practice, or observance
	0	Please provide more detail about your religious belief/practice that prevents you from receiving a COVID-19 vaccination.
	0	Is this a deeply held conviction you have about what is right or wrong for you to do?
		How long have you held this belief or engaged in this practice?
		Have you applied this belief/practice to other decisions in your life?
	0	Do you have any additional religious beliefs or practices that prevent you from receiving a COVID-19 vaccination?
	0	Please explain the following statement(s) in your application form:
2.	Explan	ation of conflict
	0	Please explain specifically how you receiving a COVID-19 vaccination would conflict with your religious belief/practice of
	0	Have you previously received other vaccinations, immunizations, or injections? If so, how does this situation differ?
	0	What is the basis for your (factual) statement that?
		 If that were not the case, would you still have a religious objection to receiving a

COVID-19 vaccination?

COVID-19 Vaccination – Q&A for Religious Exemption Interviews

o Is the conflict with your religious belief/practice permanent, or possibly temporary?

3. Accommodation

0	The District is considering a number of potential alternative requirements to vaccination
	that would help prevent COVID-19 transmission and illness. Would you object to any of
	the following alternative requirements, and if so why?

•	ernative requirements, and if so why?
Wearing	personal protective equipment
• k	KN 95 masks
• 1	N 95 masks
• F	Face shield with a veil/hood
• (Gloves
• (Gown
Social dis	stancing
• 1	Maintaining six feet of distance from others as much as possible
• 4	Adjustments to work schedule to minimize contact with others
• F	Reassignment
• (Conducting some meetings via Zoom/remotely
	Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE)
Special e	nvironmental protections
• \	Niping down spaces
• F	Plexiglass dividers for meetings/observations/testing
Periodic	testing for COVID
• \	Weekly testing
• 1	Testing administered by the District
• 9	Self-testing with documentation

- o [For any *religious* objections raised to a listed alternative, go over the same questions in the initial application form, and any appropriate follow-up questions consistent with the above.]
- o Are there any additional alternative requirements to vaccination you would like to propose? If so, please explain.

COVID-19 Vaccination – Q&A for Religious Exemption Interviews

- o Is there anything specific to your job activities or environment that the District should consider in evaluating alternative requirements to vaccination for you?
 - Are there times on the job when you cannot maintain 6 feet of social distancing with others? If so, what times?

RECOMMENDATION:



COVID-19 Vaccination – Q&A for Religious Exemption Interviews

Name:	D	ate:	September 14	2021

1. Religious belief, practice, or observance

 Please provide more detail about your religious belief/practice that prevents you from receiving a COVID-19 vaccination.



- o Is this a deeply held conviction you have about what is right or wrong for you to do?
 - How long have you held this belief or engaged in this practice?
 - Have you applied this belief/practice to other decisions in your life?
- Do you have any additional religious beliefs or practices that prevent you from receiving a COVID-19 vaccination?
- Please explain the following statement(s) in your application form:

2. Explanation of conflict

- Please explain specifically how you receiving a COVID-19 vaccination would conflict with your religious belief/practice of ______.
- Have you previously received other vaccinations, immunizations, or injections? If so, how does this situation differ?



COVID-19 Vaccination – Q&A for Religious Exemption Interviews

- If that were not the case, would you still have a religious objection to receiving a COVID-19 vaccination?
- o Is the conflict with your religious belief/practice permanent, or possibly temporary?

3. Accommodation

- The District is considering a number of potential alternative requirements to vaccination that would help prevent COVID-19 transmission and illness. Would you object to any of the following alternative requirements, and if so why?
 - Wearing personal protective equipment

•	KN 95 masks

- N 95 masks
- Face shield with a veil/hood
- Gloves
- Gown
- Social distancing
 - Maintaining six feet of distance from others as much as possible
 - Adjustments to work schedule to minimize contact with others



- Conducting some meetings via Zoom/remotely
- Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE)
- Special environmental protections
 - Wiping down spaces
 - Plexiglass dividers for meetings/observations/testing
- Periodic testing for COVID



- Testing administered by the District
- Self-testing with documentation
- [For any *religious* objections raised to a listed alternative, go over the same questions in the initial application form, and any appropriate follow-up questions consistent with the above.]

COVID-19 Vaccination – Q&A for Religious Exemption Interviews

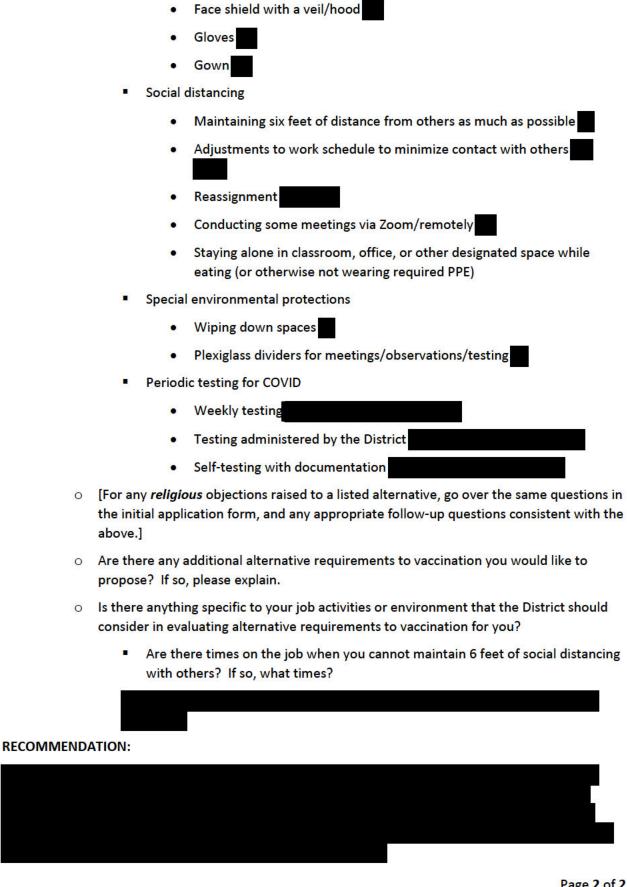
• Are there any additional alternative requirements to vaccination you would like to propose? If so, please explain.



- o Is there anything specific to your job activities or environment that the District should consider in evaluating alternative requirements to vaccination for you?
 - Are there times on the job when you cannot maintain 6 feet of social distancing with others? If so, what times?

RECOMMENDATION:

Name:_		Date: September 14, 2021 @ 11:30
1.	Religio	ous belief, practice, or observance
	0	Please provide more detail about your religious belief/practice that prevents you from receiving a COVID-19 vaccination.
	0	Is this a deeply held conviction you have about what is right or wrong for you to do?
	O	 How long have you held this belief or engaged in this practice?
		Have you applied this belief/practice to other decisions in your life?
		have you applied this belief, practice to other accisions in your me.
	0	Do you have any additional religious beliefs or practices that prevent you from receiving a COVID-19 vaccination?
	0	Please explain the following statement(s) in your application form:
2.	Explan	ation of conflict
	0	Please explain specifically how you receiving a COVID-19 vaccination would conflict with your religious belief/practice of
	0	Have you previously received other vaccinations, immunizations, or injections? If so, how does this situation differ?
	0	What is the basis for your (factual) statement that?
		If that were not the case, would you still have a religious objection to receiving a COVID-19 vaccination?
	0	Is the conflict with your religious belief/practice permanent, or possibly temporary?
3.	Accom	modation
	0	The District is considering a number of potential alternative requirements to vaccination that would help prevent COVID-19 transmission and illness. Would you object to any of the following alternative requirements, and if so why?
		 Wearing personal protective equipment
		KN 95 masks
		N 95 masks



COVID-19 Vaccination – Q&A for Religious Exemption Interviews

Name:		Date: September 17, 2021
1.	Religio	ous belief, practice, or observance
	0	Please provide more detail about your religious belief/practice that prevents you from receiving a COVID-19 vaccination.
	0	Is this a deeply held conviction you have about what is right or wrong for you to do?
		How long have you held this belief or engaged in this practice?
		Have you applied this belief/practice to other decisions in your life?
	0	Do you have any additional religious beliefs or practices that prevent you from receiving a COVID-19 vaccination?
	0	Please explain the following statement(s) in your application form:
2.	Explan	ation of conflict
	0	Please explain specifically how you receiving a COVID-19 vaccination would conflict with your religious belief/practice of
	0	Have you previously received other vaccinations, immunizations, or injections? If so, how does this situation differ?
	0	What is the basis for your (factual) statement that?
	Ü	If that were not the case, would you still have a religious objection to receiving a COVID-19 vaccination?

o Is the conflict with your religious belief/practice permanent, or possibly temporary?

COVID-19 Vaccination – Q&A for Religious Exemption Interviews



3. Accommodation

- The District is considering a number of potential alternative requirements to vaccination that would help prevent COVID-19 transmission and illness. Would you object to any of the following alternative requirements, and if so why?
 - Wearing personal protective equipment
 - KN 95 masks
 - N 95 masks
 - Face shield with a veil/hood
 .
 - Gloves
 - Gown
 - Social distancing
 - Maintaining six feet of distance from others as much as possible
 - Adjustments to work schedule to minimize contact with others
 - Reassignment
 - Conducting some meetings via Zoom/remotely
 - Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE)
 - Special environmental protections
 - Wiping down spaces
 - Plexiglass dividers for meetings/observations/testing
 - Periodic testing for COVID
 - Weekly testing
 - Testing administered by the District
 - Self-testing with documentation

COVID-19 Vaccination – Q&A for Religious Exemption Interviews

- [For any *religious* objections raised to a listed alternative, go over the same questions in the initial application form, and any appropriate follow-up questions consistent with the above.]
- Are there any additional alternative requirements to vaccination you would like to propose? If so, please explain.
- o Is there anything specific to your job activities or environment that the District should consider in evaluating alternative requirements to vaccination for you?
 - Are there times on the job when you cannot maintain 6 feet of social distancing with others? If so, what times?

RECOMMENDATION:



Name:		Date: September 17, 2021
1.		ous belief, practice, or observance
	0	Please provide more detail about your religious belief/practice that prevents you from receiving a COVID-19 vaccination.
	0	Is this a deeply held conviction you have about what is right or wrong for you to do?
		How long have you held this belief or engaged in this practice?
		Have you applied this belief/practice to other decisions in your life?
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2.	Explan	nation of conflict
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	0	Is the conflict with your religious belief/practice permanent, or possibly temporary?

COVID-19 Vaccination – Q&A for Religious Exemption Interviews

3. Accommodation

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0	that would help prevent COVID-19 transmission and illness. Would you object to any of the following alternative requirements, and if so why?
	 Wearing personal protective equipment
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	• Gloves
	• Gown
	 Social distancing
	 Maintaining six feet of distance from others as much as possible
	 Adjustments to work schedule to minimize contact with others
	Reassignment
	 Conducting some meetings via Zoom/remotely
	 Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE)
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COVID-19 Vaccination – Q&A for Religious Exemption Interviews

• Are there times on the job when you cannot maintain 6 feet of social distancing with others? If so, what times?

RECOMMENDATION:



Name:		Date:
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	0	Please provide more detail about your religious belief/practice that prevents you from receiving a COVID-19 vaccination.
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	 Wearing personal protective equipment
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	• N 95 masks -
	Face shield with a veil/hood -
	• Gloves -
	• Gown –
	 Social distancing
	 Maintaining six feet of distance from others as much as possible -
	 Adjustments to work schedule to minimize contact with others –
	7 Adjustificities to Work schedule to minimize contact with others
	Reassignment –
	 Conducting some meetings via Zoom/remotely -
	 Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE) -
	 Special environmental protections
	Wiping down spaces -

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COVID-19 Vaccination – Q&A for Religious Exemption Interviews

Name:		Date:
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	0	What is the basis for your (factual) statement that?
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o Is the conflict with your religious belief/practice permanent, or possibly temporary?





- The District is considering a number of potential alternative requirements to vaccination that would help prevent COVID-19 transmission and illness. Would you object to any of the following alternative requirements, and if so why?
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 - KN 95 masks -
 - N 95 masks -
 - Face shield with a veil/hood -
 - Gloves -
 - Gown –
 - Social distancing
 - Maintaining six feet of distance from others as much as possible –
 - Adjustments to work schedule to minimize contact with others –
 - Reassignment –
 - Conducting some meetings via Zoom/remotely –
 - Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE) -
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RECOMMENDATION:		

Name:		Date:
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		How long have you held this belief or engaged in this practice?
		Have you applied this belief/practice to other decisions in your life?
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		ng
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3.	Accomi	modation

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 - N 95 masks -
 - Face shield with a veil/hood -
 - Gloves –
 - Gown -
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 - Maintaining six feet of distance from others as much as possible –
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 - Are there times on the job when you cannot maintain 6 feet of social distancing with others? If so, what times?

REC	OMN	/IEND	ATION:
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Name:	_	Date: September 15, 2021 @ 4:30 pm
1.	Religi	ous belief, practice, or observance
	0	Please provide more detail about your religious belief/practice that prevents you from receiving a COVID-19 vaccination.
		·
	0	Is this a deeply held conviction you have about what is right or wrong for you to do?
		How long have you held this belief or engaged in this practice?
		Have you applied this belief/practice to other decisions in your life?
	0	Do you have any additional religious beliefs or practices that prevent you from receiving a COVID-19 vaccination?
	0	Please explain the following statement(s) in your application form:
2.	Expla	nation of conflict
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COVID-19 Vaccination – Q&A for Religious Exemption Interviews

3. Accommodation

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 - Wearing personal protective equipment
 - KN 95 masks
 - N 95 masks
 - Face shield with a veil/hood
 - Gloves
 - Gown
 - Social distancing
 - Maintaining six feet of distance from others as much as possible
 - Adjustments to work schedule to minimize contact with others



- Reassignment
- Conducting some meetings via Zoom/remotely
- Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE)
- Special environmental protections
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 - Plexiglass dividers for meetings/observations/testing
- Periodic testing for COVID
 - Weekly testing
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 - Self-testing with documentation
- [For any *religious* objections raised to a listed alternative, go over the same questions in the initial application form, and any appropriate follow-up questions consistent with the above.]
- Are there any additional alternative requirements to vaccination you would like to propose? If so, please explain.
- Is there anything specific to your job activities or environment that the District should consider in evaluating alternative requirements to vaccination for you?
 - Are there times on the job when you cannot maintain 6 feet of social distancing with others? If so, what times?

COVID-19 Vaccination – Q&A for Religious Exemption Interviews

RECOMMENDATION:



COVID-19 Vaccination – Q&A for Religious Exemption Interviews

Name:	Date:	October 11, 2021	

1. Religious belief, practice, or observance

 Please provide more detail about your religious belief/practice that prevents you from receiving a COVID-19 vaccination.



- o Is this a deeply held conviction you have about what is right or wrong for you to do?
 - How long have you held this belief or engaged in this practice?
 - Have you applied this belief/practice to other decisions in your life?



- Do you have any additional religious beliefs or practices that prevent you from receiving a COVID-19 vaccination?
- o Please explain the following statement(s) in your application form: ______.

2. Explanation of conflict

COVID-19 Vaccination – Q&A for Religious Exemption Interviews

-עווי	19 vacc	ination – Q&A for Religious Exemption interviews
	0	Please explain specifically how you receiving a COVID-19 vaccination would conflict with your religious belief/practice of
	0	Have you previously received other vaccinations, immunizations, or injections? If so, how does this situation differ?
	0	What is the basis for your (factual) statement that?
		If that were not the case, would you still have a religious objection to receiving a COVID-19 vaccination?
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3.	Accom	modation
	0	The District is considering a number of potential alternative requirements to vaccination that would help prevent COVID-19 transmission and illness. Would you object to any of the following alternative requirements, and if so why?
		 Wearing personal protective equipment
		KN 95 masks
		N 95 masks
		Face shield with a veil/hood
		• Gloves
		• Gown
		■ Cocial distancing

Social distancing

•	Maintaining six feet of distance from others as much as possible
•	Adjustments to work schedule to minimize contact with others
•	Reassignment
•	Conducting some meetings via Zoom/remotely
•	Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE)

Special environmental protections

Wiping down spaces

COVID-19 Vaccination – Q&A for Religious Exemption Interviews

Plexiglass dividers for meetings/observations/testing
 Periodic testing for COVID
 Weekly testing
 Testing administered by the District

- [For any *religious* objections raised to a listed alternative, go over the same questions in the initial application form, and any appropriate follow-up questions consistent with the above.]
- Are there any additional alternative requirements to vaccination you would like to propose? If so, please explain.

Self-testing with documentation

- Is there anything specific to your job activities or environment that the District should consider in evaluating alternative requirements to vaccination for you?
 - Are there times on the job when you cannot maintain 6 feet of social distancing with others? If so, what times?

RECOMMENDATION:



COVID-19 Vaccination – Q&A for Religious Exemption Interviews

Name:		Date: October 15, 2021
1.	Relig	ious belief, practice, or observance
	C	Please provide more detail about your religious belief/practice that prevents you from receiving a COVID-19 vaccination.
	C	Is this a deeply held conviction you have about what is right or wrong for you to do?
		How long have you held this belief or engaged in this practice?
		Have you applied this belief/practice to other decisions in your life?
	C	Do you have any additional religious beliefs or practices that prevent you from receiving a COVID-19 vaccination?
	C	Please explain the following statement(s) in your application form:
2.	Expla	anation of conflict
	C	Please explain specifically how you receiving a COVID-19 vaccination would conflict with your religious belief/practice of
	C	Have you previously received other vaccinations, immunizations, or injections? If so, how does this situation differ?
	C	What is the basis for your (factual) statement that?
		If that were not the case, would you still have a religious objection to receiving a COVID-19 vaccination?

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COVID-19 Vaccination – Q&A for Religious Exemption Interviews



3. Accommodation

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 - KN 95 masks
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COVID-19 Vaccination – Q&A for Religious Exemption Interviews

• Are there times on the job when you cannot maintain 6 feet of social distancing with others? If so, what times?

RE(co	MI	MΕ	ND	AΤ	ION	:
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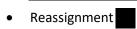
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how does this situation differ?	d conflict with
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If that were not the case, would you still have a religious objection to COVID-19 vaccination?	to receiving
 Is the conflict with your religious belief/practice permanent, or possibly tem 	mporary?

COVID-19 Vaccination – Q&A for Religious Exemption Interviews



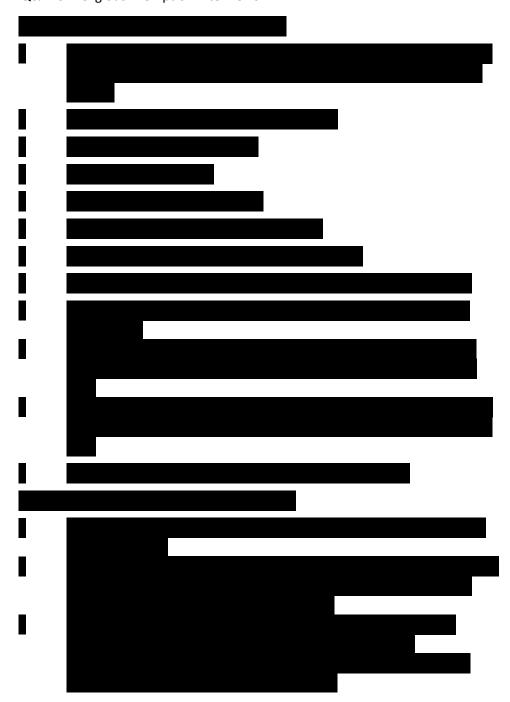
3. Accommodation

- The District is considering a number of potential alternative requirements to vaccination that would help prevent COVID-19 transmission and illness. Would you object to any of the following alternative requirements, and if so why?
 - Wearing personal protective equipment
 - KN 95 masks
 - N 95 masks
 - Face shield with a veil/hood
 - Gloves
 - Gown
 - Social distancing
 - Maintaining six feet of distance from others as much as possible
 - Adjustments to work schedule to minimize contact with others



- Conducting some meetings via Zoom/remotely
- Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE)
- Special environmental protections
 - Wiping down spaces
 - Plexiglass dividers for meetings/observations/testing
- Periodic testing for COVID
 - · Weekly testing
 - Testing administered by the District
 - Self-testing with documentation





- [For any *religious* objections raised to a listed alternative, go over the same questions in the initial application form, and any appropriate follow-up questions consistent with the above.]
- Are there any additional alternative requirements to vaccination you would like to propose? If so, please explain.
- Is there anything specific to your job activities or environment that the District should consider in evaluating alternative requirements to vaccination for you?

COVID-19 Vaccination – Q&A for Religious Exemption Interviews

• Are there times on the job when you cannot maintain 6 feet of social distancing with others? If so, what times?

REC	CO	ΜN	1EN	IDA	TIO	N:
-----	----	----	-----	-----	-----	----

Name:		Date:
1.	Religio	ous belief, practice, or observance
	0	Please provide more detail about your religious belief/practice that prevents you from receiving a COVID-19 vaccination.
	0	Is this a deeply held conviction you have about what is right or wrong for you to do?
		How long have you held this belief or engaged in this practice?
		Have you applied this belief/practice to other decisions in your life?
	0	Do you have any additional religious beliefs or practices that prevent you from receiving a COVID-19 vaccination?
	0	Please explain the following statement(s) in your application form:
2.	Explan	ation of conflict
	0	Please explain specifically how you receiving a COVID-19 vaccination would conflict with your religious belief/practice of
	0	Have you previously received other vaccinations, immunizations, or injections? If so, how does this situation differ?
		What is the basis for your (factual) statement that
	0	What is the basis for your (factual) statement that?If that were not the case, would you still have a religious objection to receiving a
		COVID-19 vaccination?
		Is the conflict with your religious belief/practice permanent, or possibly temporary?

COVID-19 Vaccination – Q&A for Religious Exemption Interviews

С

3. Accommodation



- The District is considering a number of potential alternative requirements to vaccination that would help prevent COVID-19 transmission and illness. Would you object to any of the following alternative requirements, and if so why?
 - Wearing personal protective equipment
 - KN 95 masks -
 - N 95 masks -
 - Face shield with a veil/hood -
 - Gloves -
 - Gown -
 - Social distancing
 - Maintaining six feet of distance from others as much as possible -
 - Adjustments to work schedule to minimize contact with others –
 - Reassignment –
 - Conducting some meetings via Zoom/remotely –
 - Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE) -
 - Special environmental protections
 - Wiping down spaces -
 - Plexiglass dividers for meetings/observations/testing –
 - Periodic testing for COVID
 - Weekly testing -
 - Testing administered by the District -
 - Self-testing with documentation -

COVID-19 Vaccination – Q&A for Religious Exemption Interviews

- [For any *religious* objections raised to a listed alternative, go over the same questions in the initial application form, and any appropriate follow-up questions consistent with the above.]
- Are there any additional alternative requirements to vaccination you would like to propose? If so, please explain.
- o Is there anything specific to your job activities or environment that the District should consider in evaluating alternative requirements to vaccination for you?
 - Are there times on the job when you cannot maintain 6 feet of social distancing with others? If so, what times?

RECOMMENDATION:



COVID-19 Vaccination – Q&A for Religious Exemption Interviews

Name:_		Date: 9/29/2021
1.	Religio	us belief, practice, or observance
	0	Please provide more detail about your religious belief/practice that prevents you from receiving a COVID-19 vaccination.
	0	Is this a deeply held conviction you have about what is right or wrong for you to do?
		How long have you held this belief or engaged in this practice?
		Have you applied this belief/practice to other decisions in your life?
	0	Do you have any additional religious beliefs or practices that prevent you from receiving a COVID-19 vaccination?
	0	Please explain the following statement(s) in your application form:
2.	Explan	ation of conflict
	0	Please explain specifically how you receiving a COVID-19 vaccination would conflict with your religious belief/practice of
	0	Have you previously received other vaccinations, immunizations, or injections? If so, how does this situation differ?
		·
	0	What is the basis for your (factual) statement that?
		• If that were not the case, would you still have a religious objection to receiving a COVID-19 vaccination?
	0	Is the conflict with your religious belief/practice permanent, or possibly temporary?
3.	Accom	modation
	0	The District is considering a number of potential alternative requirements to vaccination that would help prevent COVID-19 transmission and illness. Would you object to any of the following alternative requirements, and if so why?
		 Wearing personal protective equipment
		KN 95 masks
		N 95 masks

Face shield with a veil/hood

COVID-19 Vaccination – Q&A for Religious Exemption Interviews

- Gloves
- Gown
- Social distancing
 - Maintaining six feet of distance from others as much as possible



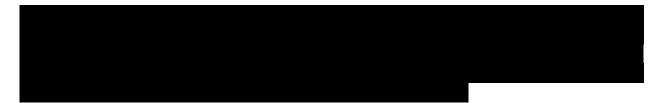
- Adjustments to work schedule to minimize contact with others
- Reassignment
- Conducting some meetings via Zoom/remotely
- Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE)
- Special environmental protections
 - Wiping down spaces
 - Plexiglass dividers for meetings/observations/testing
- Periodic testing for COVID –



- Weekly testing
- Testing administered by the District
- Self-testing with documentation
- [For any *religious* objections raised to a listed alternative, go over the same questions in the initial application form, and any appropriate follow-up questions consistent with the above.]
- Are there any additional alternative requirements to vaccination you would like to propose? If so, please explain.
- Is there anything specific to your job activities or environment that the District should consider in evaluating alternative requirements to vaccination for you?
 - Are there times on the job when you cannot maintain 6 feet of social distancing with others? If so, what times?

RECOMMENDATION:





Name:		Date: 10/15/21
1.	Religio	us belief, practice, or observance
	0	Please provide more detail about your religious belief/practice that prevents you from receiving a COVID-19 vaccination.
	0	Is this a deeply held conviction you have about what is right or wrong for you to do?
		How long have you held this belief or engaged in this practice?
		Have you applied this belief/practice to other decisions in your life?
	0	Do you have any additional religious beliefs or practices that prevent you from receiving a COVID-19 vaccination?
		Please explain the following statement(s) in your application form:
2.	o Fxnlan	ation of conflict
	cxpian o	Please explain specifically how you receiving a COVID-19 vaccination would conflict with
	O	your religious belief/practice of
	0	Have you previously received other vaccinations, immunizations, or injections? If so, how does this situation differ?
	0	What is the basis for your (factual) statement that?
		If that were not the case, would you still have a religious objection to receiving a COVID-19 vaccination?

COVID-19 Vaccination – Q&A for Religious Exemption Interviews
 Is the conflict with your religious belief/practice permanent, or possibly temporary?
3. Accommodation
 The District is considering a number of potential alternative requirements to vaccination that would help prevent COVID-19 transmission and illness. Would you object to any of the following alternative requirements, and if so why?
 Wearing personal protective equipment
• KN 95 masks —
N 95 masks -
 Face shield with a veil/hood -
• Gloves -
• Gown -
 Social distancing
 Maintaining six feet of distance from others as much as possible –
Adjustments to work schedule to minimize contact with others –
 Reassignment –
 Conducting some meetings via Zoom/remotely -
 Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE) -
 Special environmental protections
Wiping down spaces -
 Plexiglass dividers for meetings/observations/testing –
■ Deviation for COVID
 Periodic testing for COVID

- Weekly testing
- Testing administered by the District
- Self-testing with documentation

- [For any *religious* objections raised to a listed alternative, go over the same questions in the initial application form, and any appropriate follow-up questions consistent with the above.]
- Are there any additional alternative requirements to vaccination you would like to propose? If so, please explain.
- o Is there anything specific to your job activities or environment that the District should consider in evaluating alternative requirements to vaccination for you?
 - Are there times on the job when you cannot maintain 6 feet of social distancing with others? If so, what times?

RECOMMENDATION:		

Name:		Date: 10/11/22
1.	Religio	us belief, practice, or observance
	0	Please provide more detail about your religious belief/practice that prevents you from receiving a COVID-19 vaccination.
	0	Is this a deeply held conviction you have about what is right or wrong for you to do?
		How long have you held this belief or engaged in this practice?
		Have you applied this belief/practice to other decisions in your life?
	0	Do you have any additional religious beliefs or practices that prevent you from receiving a COVID-19 vaccination?
	0	Please explain the following statement(s) in your application form:
2.	Explana	ation of conflict
	0	Please explain specifically how you receiving a COVID-19 vaccination would conflict with your religious belief/practice of
	0	Have you previously received other vaccinations, immunizations, or injections? If so, how does this situation differ?
	0	What is the basis for your (factual) statement that?
		If that were not the case, would you still have a religious objection to receiving a COVID-19 vaccination?
	0	Is the conflict with your religious belief/practice permanent, or possibly temporary?

COVID-19 Vaccination – Q&A for Religious Exemption Interviews

3. Accommodation

- The District is considering a number of potential alternative requirements to vaccination that would help prevent COVID-19 transmission and illness. Would you object to any of the following alternative requirements, and if so why?
 - Wearing personal protective equipment
 - KN 95 masks
 - N 95 masks
 - Face shield with a veil/hood
 - Gloves
 - Gown
 - Social distancing
 - Maintaining six feet of distance from others as much as possible
 - Adjustments to work schedule to minimize contact with others

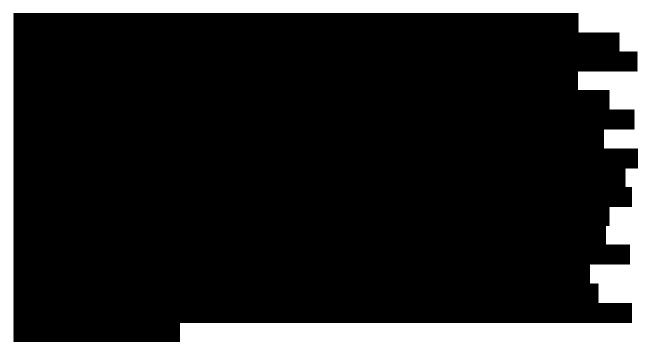


- Reassignment
- Conducting some meetings via Zoom/remotely
- Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE)
- Special environmental protections
 - Wiping down spaces
 - Plexiglass dividers for meetings/observations/testing
- Periodic testing for COVID
 - Weekly testing
 - Testing administered by the District
 - Self-testing with documentation
- [For any *religious* objections raised to a listed alternative, go over the same questions in the initial application form, and any appropriate follow-up questions consistent with the above.]
- Are there any additional alternative requirements to vaccination you would like to propose? If so, please explain.
- Is there anything specific to your job activities or environment that the District should consider in evaluating alternative requirements to vaccination for you?

COVID-19 Vaccination – Q&A for Religious Exemption Interviews

Are there times on the job when you cannot maintain 6 feet of social distancing with others? If so, what times?

RECOMMENDATION:



3. Accommodation

COVID-19 Vaccination – Q&A for Religious Exemption Interviews

Name:		Date: 10/12/21
1.	Religio	us belief, practice, or observance
	0	Please provide more detail about your religious belief/practice that prevents you from receiving a COVID-19 vaccination.
	0	Is this a deeply held conviction you have about what is right or wrong for you to do?
		How long have you held this belief or engaged in this practice?
		Have you applied this belief/practice to other decisions in your life?
	0	Do you have any additional religious beliefs or practices that prevent you from receiving a COVID-19 vaccination?
	0	Please explain the following statement(s) in your application form:
2.	Explan	ation of conflict
	0	Please explain specifically how you receiving a COVID-19 vaccination would conflict with your religious belief/practice of $__$.
	0	Have you previously received other vaccinations, immunizations, or injections? If so, how does this situation differ?
	0	What is the basis for your (factual) statement that?
		If that were not the case, would you still have a religious objection to receiving a COVID-19 vaccination?
	0	Is the conflict with your religious belief/practice permanent, or possibly temporary?

Page 1 of 3

COVID-19 Vaccination – Q&A for Religious Exemption Interviews

0	The District is considering a number of potential alternative requirements to vaccination that would help prevent COVID-19 transmission and illness. Would you object to any of the following alternative requirements, and if so why?
	 Wearing personal protective equipment
	• KN 95 masks -
	• N 95 masks -
	• Face shield with a veil/hood -
	• Gloves -
	• Gown -
	 Social distancing
	 Maintaining six feet of distance from others as much as possible -
	 Adjustments to work schedule to minimize contact with others –
	 Reassignment –
	 Conducting some meetings via Zoom/remotely -

- Special environmental protections
 - Wiping down spaces -
 - Plexiglass dividers for meetings/observations/testing –

eating (or otherwise not wearing required PPE) -

• Staying alone in classroom, office, or other designated space while

- Periodic testing for COVID
 - Weekly testing
 - Testing administered by the District
 - Self-testing with documentation
- o [For any *religious* objections raised to a listed alternative, go over the same questions in the initial application form, and any appropriate follow-up questions consistent with the above.]
- o Are there any additional alternative requirements to vaccination you would like to propose? If so, please explain.
- o Is there anything specific to your job activities or environment that the District should consider in evaluating alternative requirements to vaccination for you?

COVID-19 Vaccination – Q&A for Religious Exemption Interviews

Are there times on the job when you cannot maintain 6 feet of social distancing with others? If so, what times?

RECOMMENDATION:		

COVID-19 Vaccination – Q&A for Religious Exemption Interviews

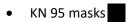
Name:		Date: October 1, 2021
1.	Religio	us belief, practice, or observance
	0	Please provide more detail about your religious belief/practice that prevents you from receiving a COVID-19 vaccination.
	0	Is this a deeply held conviction you have about what is right or wrong for you to do?
		How long have you held this belief or engaged in this practice?
		Have you applied this belief/practice to other decisions in your life?
	0	Do you have any additional religious beliefs or practices that prevent you from receiving a COVID-19 vaccination?
		ny
	0	Please explain the following statement(s) in your application form:
2.	Explan	ation of conflict
	0	Please explain specifically how you receiving a COVID-19 vaccination would conflict with your religious belief/practice of
	0	Have you previously received other vaccinations, immunizations, or injections? If so, how does this situation differ?
	0	What is the basis for your (factual) statement that?
		If that were not the case, would you still have a religious objection to receiving a COVID-19 vaccination?

o Is the conflict with your religious belief/practice permanent, or possibly temporary?

COVID-19 Vaccination – Q&A for Religious Exemption Interviews

3. Accommodation

- The District is considering a number of potential alternative requirements to vaccination that would help prevent COVID-19 transmission and illness. Would you object to any of the following alternative requirements, and if so why?
 - Wearing personal protective equipment



N 95 masks



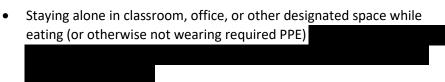
Gloves



- Social distancing
 - Maintaining six feet of distance from others as much as possible
 - Adjustments to work schedule to minimize contact with others



Conducting some meetings via Zoom/remotely



- Special environmental protections
 - Wiping down spaces
 - Plexiglass dividers for meetings/observations/testing
- Periodic testing for COVID
 - Weekly testing
 - Testing administered by the District
 - Self-testing with documentation

COVID-19 Vaccination – Q&A for Religious Exemption Interviews

- [For any *religious* objections raised to a listed alternative, go over the same questions in the initial application form, and any appropriate follow-up questions consistent with the above.]
- Are there any additional alternative requirements to vaccination you would like to propose? If so, please explain.
- o Is there anything specific to your job activities or environment that the District should consider in evaluating alternative requirements to vaccination for you?
 - Are there times on the job when you cannot maintain 6 feet of social distancing with others? If so, what times?

RECOMMENDATION:



COVID-19 Vaccination – Q&A for Religious Exemption Interviews

Name:_		Date: September 1, 2021
1.	Religio	us belief, practice, or observance
	0	Please provide more detail about your religious belief/practice that prevents you from receiving a COVID-19 vaccination.
	0	Is this a deeply held conviction you have about what is right or wrong for you to do?
		How long have you held this belief or engaged in this practice?
		Have you applied this belief/practice to other decisions in your life?
	0	Do you have any additional religious beliefs or practices that prevent you from receiving a COVID-19 vaccination?
	0	Please explain the following statement(s) in your application form:
2.	Explan	ation of conflict
	0	Please explain specifically how you receiving a COVID-19 vaccination would conflict with your religious belief/practice of
	0	Have you previously received other vaccinations, immunizations, or injections? If so, how does this situation differ?

o What is the basis for your (factual) statement that ______?

COVID-19 vaccination?

• If that were not the case, would you still have a religious objection to receiving a

COVID-19 Vaccination - Q&A for Religious Exemption Interviews

o Is the conflict with your religious belief/practice permanent, or possibly temporary?

3. Accommodation -

- The District is considering a number of potential alternative requirements to vaccination that would help prevent COVID-19 transmission and illness. Would you object to any of the following alternative requirements, and if so why?
 - Wearing personal protective equipment
 - KN 95 masks
 - N 95 masks
 - Face shield with a veil/hood
 - Gloves
 - Gown
 - Social distancing
 - Maintaining six feet of distance from others as much as possible
 - Adjustments to work schedule to minimize contact with others
 - Reassignment
 - Conducting some meetings via Zoom/remotely
 - Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE)
 - Special environmental protections
 - Wiping down spaces
 - Plexiglass dividers for meetings/observations/testing
 - Periodic testing for COVID
 - Weekly testing
 - Testing administered by the District
 - Self-testing with documentation
- [For any religious objections raised to a listed alternative, go over the same questions in the initial application form, and any appropriate follow-up questions consistent with the above.]
- Are there any additional alternative requirements to vaccination you would like to propose? If so, please explain.

COVID-19 Vaccination – Q&A for Religious Exemption Interviews

- o Is there anything specific to your job activities or environment that the District should consider in evaluating alternative requirements to vaccination for you?
 - Are there times on the job when you cannot maintain 6 feet of social distancing with others? If so, what times?

RECOMMENDATION:



Name:		Date: September 14, 2021
1.	Religio	us belief, practice, or observance
	0	Please provide more detail about your religious belief/practice that prevents you from receiving a COVID-19 vaccination.
		im
	0	Is this a deeply held conviction you have about what is right or wrong for you to do?
		How long have you held this belief or engaged in this practice?
		Have you applied this belief/practice to other decisions in your life?
	0	Do you have any additional religious beliefs or practices that prevent you from receiving a COVID-19 vaccination?
	0	Please explain the following statement(s) in your application form:
2. Explanation of conflict		ation of conflict
	0	Please explain specifically how you receiving a COVID-19 vaccination would conflict with your religious belief/practice of
	0	Have you previously received other vaccinations, immunizations, or injections? If so, how does this situation differ?
	0	What is the basis for your (factual) statement that?
		If that were not the case, would you still have a religious objection to receiving a COVID-19 vaccination?
	0	Is the conflict with your religious belief/practice permanent, or possibly temporary?
3.	Accom	modation
	0	The District is considering a number of potential alternative requirements to vaccination that would help prevent COVID-19 transmission and illness. Would you object to any of the following alternative requirements, and if so why?

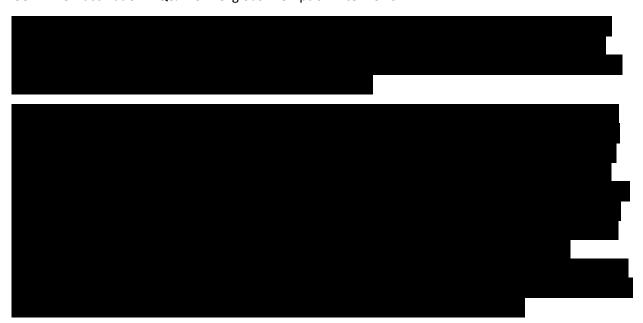
COVID-19 Vaccination – Q&A for Religious Exemption Interviews

•	KN 95 mask	ss and the same of

- N 95 masks
- Face shield with a veil/hood
- Gloves
- Gown
- Social distancing
 - Maintaining six feet of distance from others as much as possible
 - Adjustments to work schedule to minimize contact with others
 - Reassignment
 - Conducting some meetings via Zoom/remotely
 - Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE)
- Special environmental protections
 - Wiping down spaces
 - Plexiglass dividers for meetings/observations/testing
- Periodic testing for COVID
 - Weekly testing
 - Testing administered by the District
 - Self-testing with documentation
- [For any *religious* objections raised to a listed alternative, go over the same questions in the initial application form, and any appropriate follow-up questions consistent with the above.]
- Are there any additional alternative requirements to vaccination you would like to propose? If so, please explain.
- Is there anything specific to your job activities or environment that the District should consider in evaluating alternative requirements to vaccination for you?
 - Are there times on the job when you cannot maintain 6 feet of social distancing with others? If so, what times?

RECOMMENDATION:

the



Name:_		Date:
1.	Religio	us belief, practice, or observance
	0	Please provide more detail about your religious belief/practice that prevents you from receiving a COVID-19 vaccination.
	0	Is this a deeply held conviction you have about what is right or wrong for you to do?
		How long have you held this belief or engaged in this practice?
		Have you applied this belief/practice to other decisions in your life?
	0	Do you have any additional religious beliefs or practices that prevent you from receiving a COVID-19 vaccination?
	0	Please explain the following statement(s) in your application form:
2.	Explan	ation of conflict
	0	Please explain specifically how you receiving a COVID-19 vaccination would conflict with your religious belief/practice of
	0	Have you previously received other vaccinations, immunizations, or injections? If so, how does this situation differ?
	0	What is the basis for your (factual) statement that?
		• If that were not the case, would you still have a religious objection to receiving a COVID-19 vaccination?
	0	Is the conflict with your religious belief/practice permanent, or possibly temporary?
3.	Accom	modation

	2000				
			mber of potential alternative requirements to vaccination that would help and illness. Would you object to any of the following alternative		
requirements, a	and if so	why?			
	 Wearing personal protective equipment 				
	KN 95 masks –				
		•	N 95 masks –		
		•	Face shield with a veil/hood -		
		•	Gloves –		
		•	Gown –		
		Social o	distancing		
		٠	Maintaining six feet of distance from others as much as possible –		
		•	Adjustments to work schedule to minimize contact with others -		
		•	Reassignment -		
		•	Conducting some meetings via Zoom/remotely –		
		•	Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE) –		
		Special	environmental protections		
		•	Wiping down spaces –		
		•	Plexiglass dividers for meetings/observations/testing –		
		Periodi	c testing for COVID		
		•	Weekly testing		
		•	Testing administered by the District		
		•	Self-testing with documentation		
0	(T)	ial appli	ous objections raised to a listed alternative, go over the same questions in cation form, and any appropriate follow-up questions consistent with the		

- Are there any additional alternative requirements to vaccination you would like to propose? If so, please explain.
- o Is there anything specific to your job activities or environment that the District should consider in evaluating alternative requirements to vaccination for you?
 - Are there times on the job when you cannot maintain 6 feet of social distancing with others? If so, what times?

RECOMMENDATION:	

3. Accommodation

Name:		Date: September 17, 2021
1.	Religio	us belief, practice, or observance
	0	Please provide more detail about your religious belief/practice that prevents you from receiving a COVID-19 vaccination.
	0	Is this a deeply held conviction you have about what is right or wrong for you to do?
		How long have you held this belief or engaged in this practice?
		Have you applied this belief/practice to other decisions in your life?
	0	Do you have any additional religious beliefs or practices that prevent you from receiving a COVID-19 vaccination?
	0	Please explain the following statement(s) in your application form:
2.	Explan	ation of conflict
	0	Please explain specifically how you receiving a COVID-19 vaccination would conflict with your religious belief/practice of
	0	Have you previously received other vaccinations, immunizations, or injections? If so, how does this situation differ?
	0	What is the basis for your (factual) statement that?
		If that were not the case, would you still have a religious objection to receiving a COVID-19 vaccination?
	0	Is the conflict with your religious belief/practice permanent, or possibly temporary?

COVID-19 Vaccination – Q&A for Religious Exemption Interviews

 The District is considering a number of potential alternative requirements to vaccination that would help prevent COVID-19 transmission and illness. Would you object to any of the following alternative requirements, and if so why?

 Wearing personal protective equipment 						
•	KN 95 masks					
•	N 95 masks					
•	Face shield with a veil/hood					
	Clavae					
•	Gloves					
■ Social	distancing					
•	Maintaining six feet of distance from others as much as possible					
•	Adjustments to work schedule to minimize contact with others					
•	Reassignment					
•	Conducting some meetings via Zoom/remotely					
•	Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE)					
Specia	al environmental protections					
•	Wiping down spaces					
•	Plexiglass dividers for meetings/observations/testing					
Period	lic testing for COVID					
•	Weekly testing					
•	Testing administered by the District					
•	Self-testing with documentation					

 [For any *religious* objections raised to a listed alternative, go over the same questions in the initial application form, and any appropriate follow-up questions consistent with the above.]

COVID-19 Vaccination – Q&A for Religious Exemption Interviews

- Are there any additional alternative requirements to vaccination you would like to propose? If so, please explain.
- o Is there anything specific to your job activities or environment that the District should consider in evaluating alternative requirements to vaccination for you?
 - Are there times on the job when you cannot maintain 6 feet of social distancing with others? If so, what times?

RECOMMENDATION:



Name:_		Date: 9/15/2021
1.	Religio	ous belief, practice, or observance
	0	Please provide more detail about your religious belief/practice that prevents you from receiving a COVID-19 vaccination.
	0	Is this a deeply held conviction you have about what is right or wrong for you to do?
		How long have you held this belief or engaged in this practice?
		Have you applied this belief/practice to other decisions in your life?
	0	Do you have any additional religious beliefs or practices that prevent you from receiving a COVID-19 vaccination?
	0	Please explain the following statement(s) in your application form:
2.	Explar	nation of conflict
	0	Please explain specifically how you receiving a COVID-19 vaccination would conflict with your religious belief/practice of
	0	Have you previously received other vaccinations, immunizations, or injections? If so, how does this situation differ?
	0	What is the basis for your (factual) statement that?
		 If that were not the case, would you still have a religious objection to receiving a COVID-19 vaccination
	0	Is the conflict with your religious belief/practice permanent, or possibly temporary?
3.	Accon	nmodation

COVID-19

Vaco	ination -	– Q&A for Religious Exemption Interviews
0	that w	strict is considering a number of potential alternative requirements to vaccination ould help prevent COVID-19 transmission and illness. Would you object to any of lowing alternative requirements, and if so why?
	•	Wearing personal protective equipment
		• KN 95 masks –
		·
		• N 95 masks – .
		 Face shield with a veil/hood –
		• Gloves -
		• Gown -
	•	Social distancing
		 Maintaining six feet of distance from others as much as possible –
		Adjustments to work schedule to minimize contact with others –
		Reassignment –
		Conducting some meetings via Zoom/remotely –
		 Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE)-
	•	Special environmental protections
		Wiping down spaces -
		 Plexiglass dividers for meetings/observations/testing -
	•	Periodic testing for COVID
		Weekly testing
		Testing administered by the District

o [For any *religious* objections raised to a listed alternative, go over the same questions in

• Self-testing with documentation

- the initial application form, and any appropriate follow-up questions consistent with the above.]
- o Are there any additional alternative requirements to vaccination you would like to propose? If so, please explain.

- o Is there anything specific to your job activities or environment that the District should consider in evaluating alternative requirements to vaccination for you?
 - Are there times on the job when you cannot maintain 6 feet of social distancing with others? If so, what times?

RECOMMENDATION:			

COVID-19 Vaccination – Q&A for Religious Exemption Interviews

Name:		Date: 9/15/21		
1.	Religio	us belief, practice, or observance		
	0	Please provide more detail about your religious belief/practice that prevents you from receiving a COVID-19 vaccination.		
		ysis change if a vaccine were proven harmless and antibodies were proven ineffective? ow, maybe given time.		
	0	Is this a deeply held conviction you have about what is right or wrong for you to do?		
		How long have you held this belief or engaged in this practice?		
		Have you applied this belief/practice to other decisions in your life?		
	0	Do you have any additional religious beliefs or practices that prevent you from receiving a COVID-19 vaccination?		
	0	Please explain the following statement(s) in your application form:		
2.	Explan	ation of conflict		
	0	Please explain specifically how you receiving a COVID-19 vaccination would conflict with your religious belief/practice of		
		fore,		
		1013)		
	0	Have you previously received other vaccinations, immunizations, or injections? If so,		

how does this situation differ?

0	What is the basis for your (factual) statement that?
	If that were not the case, would you still have a religious objection to receiving COVID-19 vaccination?
0	Is the conflict with your religious belief/practice permanent, or possibly temporary?
3. Accom	modation
0	The District is considering a number of potential alternative requirements to vaccination that would help prevent COVID-19 transmission and illness. Would you object to any of the following alternative requirements, and if so why?
	 Wearing personal protective equipment
	• KN 95 masks —
	• N 95 masks – ork.
	Face shield with a veil/hood —
	• Gloves –
	• Gown -
	 Social distancing
	 Maintaining six feet of distance from others as much as possible –
	 Adjustments to work schedule to minimize contact with others –
	Reassignment –
	Conducting some meetings via Zoom/remotely –
	 Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE) –
	 Special environmental protections
	Wiping down spaces -

COVID-19 Vaccination – Q&A for Religious Exemption Interviews

Periodic testing for COVID	
 Weekly testing – 	
 Testing administered by the District - 	
 Self-testing with documentation - 	

Plexiglass dividers for meetings/observations/testing –

- [For any *religious* objections raised to a listed alternative, go over the same questions in the initial application form, and any appropriate follow-up questions consistent with the above.]
- Are there any additional alternative requirements to vaccination you would like to propose? If so, please explain.
- Is there anything specific to your job activities or environment that the District should consider in evaluating alternative requirements to vaccination for you?
 - Are there times on the job when you cannot maintain 6 feet of social distancing with others? If so, what times?

RECOMMENDATION:		