

Name: \_\_\_\_\_ Date: 9/17/21

**1. Religious belief, practice, or observance**

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

\_\_\_\_\_

- 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?

\_\_\_\_\_

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

**3. Accommodation**

\_\_\_\_\_

- [REDACTED]
- 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 – [REDACTED]
      - N 95 masks – [REDACTED]
      - Face shield with a veil/hood – [REDACTED]
      - Gloves – [REDACTED].
      - Gown – [REDACTED]
    - Social distancing
      - Maintaining six feet of distance from others as much as possible - [REDACTED]
      - Adjustments to work schedule to minimize contact with others - [REDACTED]
      - Reassignment – [REDACTED]
      - Conducting some meetings via Zoom/remotely - [REDACTED]
      - Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE)
    - Special environmental protections
      - Wiping down spaces - [REDACTED]
      - Plexiglass dividers for meetings/observations/testing - [REDACTED]
    - Periodic testing for COVID
- [REDACTED]
- 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.]

**Self-report symptoms – daily symptom check.**

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

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

- 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:**

**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**  
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.

\_\_\_\_\_

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

**3. Accommodation**

**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**

**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 [REDACTED]
    - N 95 masks [REDACTED]
    - Face shield with a veil/hood [REDACTED]
    - Gloves [REDACTED]
    - Gown [REDACTED]
  - Social distancing
    - Maintaining six feet of distance from others as much as possible [REDACTED]
    - Adjustments to work schedule to minimize contact with others [REDACTED]
    - Reassignment [REDACTED]
    - Conducting some meetings via Zoom/remotely [REDACTED]
    - Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE) [REDACTED]
  - Special environmental protections
    - Wiping down spaces [REDACTED]
    - Plexiglass dividers for meetings/observations/testing [REDACTED]
  - Periodic testing for COVID
    - Weekly testing [REDACTED]
    - Testing administered by the District [REDACTED]
    - Self-testing with documentation [REDACTED]

[REDACTED]
- [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.

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

- [REDACTED]
- 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:**

[REDACTED]

Name: \_\_\_\_\_ Date: 9/17/21

**1. Religious belief, practice, or observance**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

- 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 \_\_\_\_\_.

Anti-abortion, Christian who cannot accept vaccine derived from fetal cell lines.

- 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?

\_\_\_\_\_

- 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 – [REDACTED]
    - N 95 masks – [REDACTED]
    - Face shield with a veil/hood – [REDACTED]
    - Gloves – [REDACTED]
    - Gown – [REDACTED]
  - Social distancing
    - Maintaining six feet of distance from others as much as possible – [REDACTED]
    - Adjustments to work schedule to minimize contact with others – [REDACTED]
    - Reassignment – [REDACTED]
    - Conducting some meetings via Zoom/remotely – [REDACTED]
    - Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE) – [REDACTED]
  - Special environmental protections
    - Wiping down spaces – [REDACTED]
    - Plexiglass dividers for meetings/observations/testing [REDACTED]
  - Periodic testing for COVID
    - Weekly testing
    - Testing administered by the District



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- Self-testing with documentation

[REDACTED]

[REDACTED]

- [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:**

[REDACTED]

**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**  
COVID-19 Vaccination – Q&A for Religious Exemption Interviews

Name: [REDACTED] Date: September 15, 2021 @ 10:30 am

**1. Religious belief, practice, or observance**

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

[REDACTED]

- 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?

[REDACTED]

- Do you have any additional religious beliefs or practices that prevent you from receiving a COVID-19 vaccination?

[REDACTED]

- 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 \_\_\_\_\_.

[REDACTED]

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

[REDACTED]

**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 [REDACTED]

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- N 95 masks [REDACTED]
- Face shield with a veil/hood [REDACTED]
- Gloves [REDACTED]
- Gown [REDACTED]
- Social distancing
  - Maintaining six feet of distance from others as much as possible [REDACTED]
  - Adjustments to work schedule to minimize contact with others [REDACTED]
  - Reassignment [REDACTED]
  - Conducting some meetings via Zoom/remotely [REDACTED]
  - Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE) [REDACTED]
- Special environmental protections
  - Wiping down spaces [REDACTED]
  - Plexiglass dividers for meetings/observations/testing [REDACTED]
- Periodic testing for COVID
  - Weekly testing [REDACTED]
  - Testing administered by the District [REDACTED]
  - Self-testing with documentation [REDACTED]
- [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:**

[REDACTED]

**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**  
COVID-19 Vaccination – Q&A for Religious Exemption Interviews

Name: \_\_\_\_\_ Date: September 9, 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.

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

**3. Accommodation**

**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**

**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 [REDACTED]
    - N 95 masks [REDACTED]
    - Face shield with a veil/hood [REDACTED]
    - Gloves [REDACTED]
    - Gown [REDACTED]
  - Social distancing
    - Maintaining six feet of distance from others as much as possible [REDACTED]
    - Adjustments to work schedule to minimize contact with others [REDACTED]
    - Reassignment [REDACTED]
    - Conducting some meetings via Zoom/remotely [REDACTED]
    - Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE) [REDACTED]
  - Special environmental protections
    - Wiping down spaces [REDACTED]
    - Plexiglass dividers for meetings/observations/testing [REDACTED]
  - Periodic testing for COVID
    - Weekly testing [REDACTED]
    - Testing administered by the District [REDACTED]
    - Self-testing with documentation [REDACTED]
- [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?

[REDACTED]

[REDACTED]

**RECOMMENDATION:**

[REDACTED]

**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**  
COVID-19 Vaccination – Q&A for Religious Exemption Interviews

Name: \_\_\_\_\_ Date: September 9, 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.

\_\_\_\_\_

\_\_\_\_\_

- 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?
- 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 [REDACTED]
    - N 95 masks [REDACTED]
    - Face shield with a veil/hood [REDACTED]
    - Gloves [REDACTED]
    - Gown [REDACTED]
  - Social distancing
    - Maintaining six feet of distance from others as much as possible [REDACTED]
    - Adjustments to work schedule to minimize contact with others [REDACTED]
    - Reassignment [REDACTED]
    - Conducting some meetings via Zoom/remotely [REDACTED]  
[REDACTED].
    - Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE) [REDACTED]
  - Special environmental protections
    - Wiping down spaces [REDACTED]
    - Plexiglass dividers for meetings/observations/testing [REDACTED]
  - Periodic testing for COVID
    - Weekly testing [REDACTED]
    - Testing administered by the District [REDACTED]
    - Self-testing with documentation [REDACTED]
- [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:**

[REDACTED]

**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**  
COVID-19 Vaccination – Q&A for Religious Exemption Interviews

Name: [REDACTED] Date: September 17, 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.

[REDACTED]

- 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?

[REDACTED]

- 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?

[REDACTED]

- 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?

[REDACTED]

**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 [REDACTED]
    - N 95 masks [REDACTED]
    - Face shield with a veil/hood [REDACTED]
    - Gloves [REDACTED]
    - Gown [REDACTED]
  - Social distancing
    - Maintaining six feet of distance from others as much as possible [REDACTED]
    - Adjustments to work schedule to minimize contact with others [REDACTED]
    - Reassignment [REDACTED]
    - Conducting some meetings via Zoom/remotely [REDACTED]
    - Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE) [REDACTED]
  - Special environmental protections
    - Wiping down spaces [REDACTED]
    - Plexiglass dividers for meetings/observations/testing [REDACTED]
  - Periodic testing for COVID
    - Weekly testing [REDACTED]
    - Testing administered by the District [REDACTED]
    - Self-testing with documentation [REDACTED]
- [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.  
[REDACTED]
- Is there anything specific to your job activities or environment that the District should consider in evaluating alternative requirements to vaccination for you?

**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**

**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:**

[REDACTED]

**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**  
COVID-19 Vaccination – Q&A for Religious Exemption Interviews

Name: \_\_\_\_\_ Date: 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.

\_\_\_\_\_

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

\_\_\_\_\_

**3. Accommodation**

**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**

**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 [REDACTED]
    - N 95 masks [REDACTED]
    - Face shield with a veil/hood [REDACTED]
    - Gloves [REDACTED]
    - Gown [REDACTED]
  - Social distancing
    - Maintaining six feet of distance from others as much as possible [REDACTED]
    - Adjustments to work schedule to minimize contact with others [REDACTED]
    - Reassignment [REDACTED]
    - Conducting some meetings via Zoom/remotely [REDACTED]
    - Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE) [REDACTED]
  - Special environmental protections
    - Wiping down spaces [REDACTED]
    - Plexiglass dividers for meetings/observations/testing [REDACTED]
  - Periodic testing for COVID
    - Weekly testing [REDACTED]
    - Testing administered by the District [REDACTED]
    - Self-testing with documentation [REDACTED]
- [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?

[REDACTED]

**RECOMMENDATION:**

[REDACTED]

Name: \_\_\_\_\_ Date: September 1, 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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 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 \_\_\_\_\_?



**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**

**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 [REDACTED]
    - N 95 masks [REDACTED]
    - Face shield with a veil/hood [REDACTED]
    - Gloves [REDACTED]
    - Gown [REDACTED]
  - Social distancing
    - Maintaining six feet of distance from others as much as possible [REDACTED]
    - Adjustments to work schedule to minimize contact with others [REDACTED]
    - Reassignment [REDACTED]
    - Conducting some meetings via Zoom/remotely [REDACTED]
    - Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE) [REDACTED]
  - Special environmental protections
    - Wiping down spaces [REDACTED]
    - Plexiglass dividers for meetings/observations/testing [REDACTED]
  - Periodic testing for COVID
    - Weekly testing [REDACTED]
    - Testing administered by the District [REDACTED]
    - Self-testing with documentation [REDACTED]
- [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.

**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**

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

- 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:**

[REDACTED]

**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**  
COVID-19 Vaccination – Q&A for Religious Exemption Interviews

Name: [REDACTED] Date: September 15, 2021 @ 9:45 am

**1. Religious belief, practice, or observance**

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

[REDACTED]

- 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?

[REDACTED]

- Do you have any additional religious beliefs or practices that prevent you from receiving a COVID-19 vaccination?

[REDACTED]

- 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 \_\_\_\_\_.

[REDACTED]

- Have you previously received other vaccinations, immunizations, or injections? If so, how does this situation differ?

[REDACTED] e

- 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?

### **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 [REDACTED]
    - N 95 masks [REDACTED]
    - Face shield with a veil/hood [REDACTED]
    - 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 [REDACTED]
    - Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE) [REDACTED]
  - Special environmental protections
    - Wiping down spaces [REDACTED]
    - Plexiglass dividers for meetings/observations/testing [REDACTED]
  - Periodic testing for COVID
    - Weekly testing [REDACTED]
    - Testing administered by the District [REDACTED]
    - Self-testing with documentation [REDACTED]
- [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:**

[REDACTED]

**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**  
COVID-19 Vaccination – Q&A for Religious Exemption Interviews

Name: \_\_\_\_\_ Date: September 17, 2021 @ 9:30 am

**1. Religious belief, practice, or observance**

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

\_\_\_\_\_  
\_\_\_\_\_

- 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?
- 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 [REDACTED]
    - 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 [REDACTED]
    - Adjustments to work schedule to minimize contact with others [REDACTED]
    - 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?

**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**

**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:**





**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**  
COVID-19 Vaccination – Q&A for Religious Exemption Interviews

Name: \_\_\_\_\_ Date: October 1, 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.

\_\_\_\_\_

\_\_\_\_\_

- 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?

**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**

**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 [REDACTED]
    - N 95 masks [REDACTED]
    - Face shield with a veil/hood [REDACTED]
    - Gloves [REDACTED]
    - Gown [REDACTED]
  - Social distancing
    - Maintaining six feet of distance from others as much as possible [REDACTED]
    - Adjustments to work schedule to minimize contact with others [REDACTED]
    - Reassignment [REDACTED]
    - Conducting some meetings via Zoom/remotely [REDACTED]
    - Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE) [REDACTED]
  - Special environmental protections
    - Wiping down spaces [REDACTED]
    - Plexiglass dividers for meetings/observations/testing [REDACTED]
  - Periodic testing for COVID
    - Weekly testing [REDACTED]
    - Testing administered by the District [REDACTED]
    - Self-testing with documentation [REDACTED]
- [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.

**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**

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

- 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:**

[REDACTED]

**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**  
COVID-19 Vaccination – Q&A for Religious Exemption Interviews

Name: \_\_\_\_\_ Date: 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.

\_\_\_\_\_

\_\_\_\_\_

- 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 \_\_\_\_\_?

**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**

**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 [REDACTED]
    - N 95 masks [REDACTED]
    - Face shield with a veil/hood [REDACTED]
    - Gloves [REDACTED]
    - Gown [REDACTED]
  - Social distancing
    - Maintaining six feet of distance from others as much as possible [REDACTED]
    - Adjustments to work schedule to minimize contact with others [REDACTED]
    - Reassignment [REDACTED]
    - Conducting some meetings via Zoom/remotely [REDACTED]
    - Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE) [REDACTED]
  - Special environmental protections
    - Wiping down spaces [REDACTED]
    - Plexiglass dividers for meetings/observations/testing [REDACTED]
  - Periodic testing for COVID
    - Weekly testing [REDACTED]
    - Testing administered by the District [REDACTED]
    - Self-testing with documentation [REDACTED]
- [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.]

**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**

**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.

[REDACTED]

- 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:**

[REDACTED]

**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**  
COVID-19 Vaccination – Q&A for Religious Exemption Interviews

Name: [REDACTED] Date: September 14, 2021 @ 11:30

**1. Religious belief, practice, or observance**

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

[REDACTED]

- 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?

[REDACTED]

- 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 \_\_\_\_\_.

[REDACTED]

- Have you previously received other vaccinations, immunizations, or injections? If so, how does this situation differ?

[REDACTED]

- 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?

[REDACTED]

**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 [REDACTED]
    - N 95 masks [REDACTED]

**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**  
**COVID-19 Vaccination – Q&A for Religious Exemption Interviews**

- Face shield with a veil/hood [REDACTED]
- Gloves [REDACTED]
- Gown [REDACTED]
- Social distancing
  - Maintaining six feet of distance from others as much as possible [REDACTED]
  - Adjustments to work schedule to minimize contact with others [REDACTED]
  - Reassignment [REDACTED]
  - Conducting some meetings via Zoom/remotely [REDACTED]
  - Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE)
- Special environmental protections
  - Wiping down spaces [REDACTED]
  - Plexiglass dividers for meetings/observations/testing [REDACTED]
- Periodic testing for COVID
  - Weekly testing [REDACTED]
  - Testing administered by the District [REDACTED]
  - Self-testing with documentation [REDACTED]
- [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?

[REDACTED]

**RECOMMENDATION:**

[REDACTED]



**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**  
COVID-19 Vaccination – Q&A for Religious Exemption Interviews

Name: \_\_\_\_\_ Date: September 17, 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.

\_\_\_\_\_

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

[REDACTED]

### **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 [REDACTED]
- N 95 masks [REDACTED]
- Face shield with a veil/hood [REDACTED]
- Gloves [REDACTED]
- Gown [REDACTED]

- Social distancing

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

- Special environmental protections

- Wiping down spaces [REDACTED]
- Plexiglass dividers for meetings/observations/testing [REDACTED]

- Periodic testing for COVID

- Weekly testing [REDACTED]
- Testing administered by the District [REDACTED]
- Self-testing with documentation [REDACTED]

**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**

**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.

[REDACTED]

- 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:**

[REDACTED]

**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**  
COVID-19 Vaccination – Q&A for Religious Exemption Interviews

Name: \_\_\_\_\_ Date: September 17, 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.

\_\_\_\_\_.

- 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?
- 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 [REDACTED]
    - N 95 masks [REDACTED]
    - Face shield with a veil/hood [REDACTED]
    - Gloves [REDACTED]
    - Gown [REDACTED]
  - Social distancing
    - Maintaining six feet of distance from others as much as possible [REDACTED]
    - Adjustments to work schedule to minimize contact with others [REDACTED]
    - Reassignment [REDACTED]
    - Conducting some meetings via Zoom/remotely [REDACTED]
    - Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE) [REDACTED]
  - Special environmental protections
    - Wiping down spaces [REDACTED]
    - Plexiglass dividers for meetings/observations/testing [REDACTED]
  - Periodic testing for COVID
    - Weekly testing [REDACTED]
    - Testing administered by the District [REDACTED]
    - Self-testing with documentation [REDACTED]
- [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.  
[REDACTED]
- Is there anything specific to your job activities or environment that the District should consider in evaluating alternative requirements to vaccination for you?

**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**

**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:**

[REDACTED]

Name: \_\_\_\_\_ Date: 9/30/21

**1. Religious belief, practice, or observance**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 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 \_\_\_\_\_.

\_\_\_\_\_

**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**

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

- Have you previously received other vaccinations, immunizations, or injections? If so, how does this situation differ?

[REDACTED]

- 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?

[REDACTED]

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

[REDACTED]

[REDACTED]

- 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 - [REDACTED]
- N 95 masks - [REDACTED]
- Face shield with a veil/hood - [REDACTED]
- Gloves - [REDACTED]
- Gown - [REDACTED]

- Social distancing

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

- Special environmental protections

- Wiping down spaces - [REDACTED]



**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**  
COVID-19 Vaccination – Q&A for Religious Exemption Interviews

- Plexiglass dividers for meetings/observations/testing – [REDACTED]

- 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?

Name: \_\_\_\_\_ Date: 9/29/21

**1. Religious belief, practice, or observance**

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

\_\_\_\_\_

\_\_\_\_\_

- 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?

\_\_\_\_\_

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

**3. Accommodation**

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

- [REDACTED]
- [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.]

- [REDACTED]
- 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: 10/14/21

**1. Religious belief, practice, or observance**

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

\_\_\_\_\_

- 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?

\_\_\_\_\_ ng

- 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?

\_\_\_\_\_

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

**3. Accommodation**

\_\_\_\_\_

**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**

**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 - [REDACTED]
    - N 95 masks - [REDACTED]
    - Face shield with a veil/hood - [REDACTED]
    - Gloves – [REDACTED]  
[REDACTED]
    - Gown - [REDACTED]
  - Social distancing
    - Maintaining six feet of distance from others as much as possible – [REDACTED]  
[REDACTED]
    - Adjustments to work schedule to minimize contact with others – [REDACTED]  
[REDACTED]
    - Reassignment – [REDACTED]  
[REDACTED]
    - Conducting some meetings via Zoom/remotely - [REDACTED]
    - Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE) - [REDACTED]
  - Special environmental protections
    - Wiping down spaces - [REDACTED]
    - Plexiglass dividers for meetings/observations/testing – [REDACTED]  
[REDACTED]
  - Periodic testing for COVID  
[REDACTED].
    - 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.

**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**

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

- 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:**

[REDACTED]

**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**  
COVID-19 Vaccination – Q&A for Religious Exemption Interviews

Name: [REDACTED] Date: September 15, 2021 @ 4:30 pm

**1. Religious belief, practice, or observance**

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

[REDACTED]

- 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?

[REDACTED]

- Do you have any additional religious beliefs or practices that prevent you from receiving a COVID-19 vaccination?

[REDACTED]

- 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 \_\_\_\_\_.

[REDACTED]

- Have you previously received other vaccinations, immunizations, or injections? If so, how does this situation differ?

[REDACTED]

- 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?

[REDACTED]



**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 [REDACTED]
    - N 95 masks [REDACTED]
    - Face shield with a veil/hood [REDACTED]
    - Gloves
    - Gown
  - Social distancing
    - Maintaining six feet of distance from others as much as possible [REDACTED]
    - Adjustments to work schedule to minimize contact with others [REDACTED]
    - Reassignment
    - Conducting some meetings via Zoom/remotely [REDACTED]
    - 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 [REDACTED]
    - Testing administered by the District [REDACTED]
    - Self-testing with documentation [REDACTED]
- [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:**



**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**  
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.

[REDACTED]

[REDACTED]

[REDACTED]

- 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?

[REDACTED]

- 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**

**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**

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

- 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?

[REDACTED]

- 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?

**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 [REDACTED]
    - N 95 masks [REDACTED]
    - Face shield with a veil/hood [REDACTED]
    - Gloves [REDACTED]
    - Gown [REDACTED]
  - Social distancing
    - Maintaining six feet of distance from others as much as possible [REDACTED]
    - Adjustments to work schedule to minimize contact with others [REDACTED]  
[REDACTED]
    - Reassignment [REDACTED]
    - Conducting some meetings via Zoom/remotely [REDACTED]  
[REDACTED]
    - Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE) [REDACTED]
  - Special environmental protections
    - Wiping down spaces [REDACTED]

**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**  
COVID-19 Vaccination – Q&A for Religious Exemption Interviews

- Plexiglass dividers for meetings/observations/testing [REDACTED]
- Periodic testing for COVID [REDACTED]
  - Weekly testing [REDACTED]
  - Testing administered by the District [REDACTED]
  - Self-testing with documentation [REDACTED]
- [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:**

[REDACTED]

**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**  
COVID-19 Vaccination – Q&A for Religious Exemption Interviews

Name: \_\_\_\_\_ Date: October 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.

\_\_\_\_\_

\_\_\_\_\_

- 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?
- 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 [REDACTED]
    - N 95 masks [REDACTED]
    - Face shield with a veil/hood [REDACTED]
    - Gloves [REDACTED]
    - Gown [REDACTED]
  - Social distancing
    - Maintaining six feet of distance from others as much as possible [REDACTED]
    - Adjustments to work schedule to minimize contact with others [REDACTED]
    - Reassignment [REDACTED]
    - Conducting some meetings via Zoom/remotely [REDACTED]
    - Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE) [REDACTED]
  - Special environmental protections
    - Wiping down spaces [REDACTED]
    - Plexiglass dividers for meetings/observations/testing [REDACTED]
  - Periodic testing for COVID
    - Weekly testing [REDACTED]
    - Testing administered by the District [REDACTED]
    - Self-testing with documentation [REDACTED]
- [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?

**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**

**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:**

[REDACTED]



**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**  
COVID-19 Vaccination – Q&A for Religious Exemption Interviews

Name: [REDACTED] 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.

[REDACTED]

- 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?

[REDACTED]

- 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?

[REDACTED]

- 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?

[REDACTED]

**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 [REDACTED]
    - N 95 masks [REDACTED]
    - Face shield with a veil/hood [REDACTED]
    - Gloves [REDACTED]
    - Gown [REDACTED]
  - Social distancing
    - Maintaining six feet of distance from others as much as possible [REDACTED]
    - Adjustments to work schedule to minimize contact with others [REDACTED]
    - Reassignment [REDACTED]
    - Conducting some meetings via Zoom/remotely [REDACTED]
    - Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE) [REDACTED]
  - Special environmental protections
    - Wiping down spaces [REDACTED]
    - Plexiglass dividers for meetings/observations/testing [REDACTED]
  - 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?

**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**

**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:**

[REDACTED]

Name: \_\_\_\_\_ Date: 10/13/21

**1. Religious belief, practice, or observance**

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

\_\_\_\_\_

\_\_\_\_\_

- 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?

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

\_\_\_\_\_

○

### **3. Accommodation**



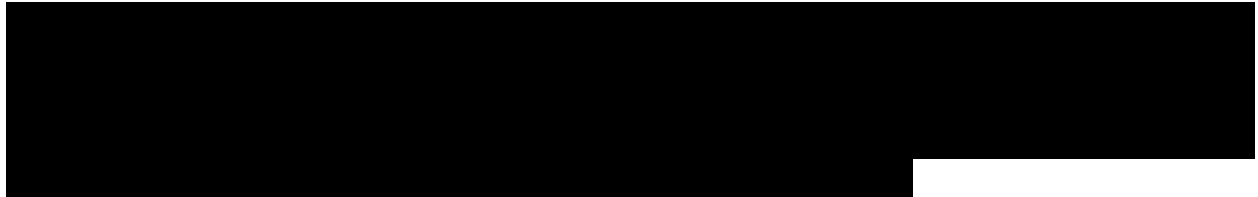
- The District is considering a number of potential alternative requirements to vaccination that would help prevent COVID-19 transmission and illness. Would you object to any of the following alternative requirements, and if so why?
  - Wearing personal protective equipment
    - KN 95 masks - [REDACTED]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

**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**

**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.
- 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:**



**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**  
COVID-19 Vaccination – Q&A for Religious Exemption Interviews

Name: [REDACTED] Date: 9/29/2021

**1. Religious belief, practice, or observance**

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

- 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 \_\_\_\_\_.  
[REDACTED].
- Have you previously received other vaccinations, immunizations, or injections? If so, how does this situation differ?  
[REDACTED].
- 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?  
[REDACTED].

**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 [REDACTED]
    - N 95 masks [REDACTED]
    - Face shield with a veil/hood [REDACTED]



**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**  
COVID-19 Vaccination – Q&A for Religious Exemption Interviews

- Gloves [REDACTED]
- Gown [REDACTED]
- Social distancing
  - Maintaining six feet of distance from others as much as possible [REDACTED]
  - 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) [REDACTED]
- Special environmental protections
  - Wiping down spaces [REDACTED]
  - Plexiglass dividers for meetings/observations/testing
- Periodic testing for COVID – [REDACTED]  
[REDACTED]
  - 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:

[REDACTED]



Name: \_\_\_\_\_ Date: **10/15/21**

**1. Religious belief, practice, or observance**

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

[REDACTED]

[REDACTED]

[REDACTED]

- 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?

[REDACTED]

- 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?

[REDACTED]

- 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?

- [REDACTED]
- Is the conflict with your religious belief/practice permanent, or possibly temporary?

### **3. Accommodation**

- [REDACTED]
- 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 – [REDACTED]
- N 95 masks – [REDACTED]
- Face shield with a veil/hood – [REDACTED]
- Gloves – [REDACTED]
- Gown – [REDACTED]

- Social distancing

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

- Special environmental protections

- Wiping down spaces – [REDACTED]
- Plexiglass dividers for meetings/observations/testing – [REDACTED]

- Periodic testing for COVID

- [REDACTED]
- Weekly testing
  - Testing administered by the District
  - Self-testing with documentation

**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**

**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.
- 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:**

[REDACTED]

**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**  
COVID-19 Vaccination – Q&A for Religious Exemption Interviews

Name: \_\_\_\_\_ Date: 10/11/22

**1. Religious belief, practice, or observance**

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

\_\_\_\_\_

- 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?
- 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 [REDACTED]
    - N 95 masks [REDACTED]
    - Face shield with a veil/hood [REDACTED]
    - Gloves [REDACTED]
    - Gown [REDACTED]
  - Social distancing
    - Maintaining six feet of distance from others as much as possible [REDACTED]
    - Adjustments to work schedule to minimize contact with others [REDACTED]
    - Reassignment [REDACTED]
    - Conducting some meetings via Zoom/remotely [REDACTED]
    - Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE) [REDACTED]
  - Special environmental protections
    - Wiping down spaces [REDACTED]
    - Plexiglass dividers for meetings/observations/testing [REDACTED]
  - Periodic testing for COVID – [REDACTED]
    - 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?

**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**

**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: 10/12/21

**1. Religious belief, practice, or observance**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 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?

\_\_\_\_\_

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

**3. Accommodation**

- [REDACTED]
- 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 - [REDACTED]
    - N 95 masks - [REDACTED]
    - Face shield with a veil/hood - [REDACTED]
    - Gloves - [REDACTED]
    - Gown - [REDACTED]

- Social distancing

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

- Special environmental protections

- Wiping down spaces - [REDACTED]
    - Plexiglass dividers for meetings/observations/testing – [REDACTED]

- Periodic testing for COVID

- [REDACTED]
- 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?

**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**

**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:**

[REDACTED]

Name: [REDACTED] Date: October 1, 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.

[REDACTED]

- 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?

[REDACTED]

- Do you have any additional religious beliefs or practices that prevent you from receiving a COVID-19 vaccination?

[REDACTED] ny

- 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?

[REDACTED]

- 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?

**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 [REDACTED]
    - N 95 masks [REDACTED]
    - Face shield with a veil/hood [REDACTED]  
[REDACTED]
    - Gloves [REDACTED]
    - Gown [REDACTED]  
[REDACTED]
  - Social distancing
    - Maintaining six feet of distance from others as much as possible [REDACTED]
    - Adjustments to work schedule to minimize contact with others [REDACTED]  
[REDACTED]
    - Reassignment [REDACTED]  
[REDACTED]
    - Conducting some meetings via Zoom/remotely [REDACTED]  
[REDACTED]
    - Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE) [REDACTED]  
[REDACTED]
  - Special environmental protections
    - Wiping down spaces [REDACTED]
    - Plexiglass dividers for meetings/observations/testing [REDACTED]  
[REDACTED]
  - Periodic testing for COVID
    - Weekly testing [REDACTED]
    - Testing administered by the District [REDACTED]
    - Self-testing with documentation [REDACTED]

**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**

**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.

[REDACTED]

- 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:**

[REDACTED]

**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**  
COVID-19 Vaccination – Q&A for Religious Exemption Interviews

Name: \_\_\_\_\_ Date: September 1, 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.

[REDACTED]

- 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?

[REDACTED]

- 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 \_\_\_\_\_.

[REDACTED]

- Have you previously received other vaccinations, immunizations, or injections? If so, how does this situation differ?

[REDACTED]

- 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?

3. Accommodation - [REDACTED]

- 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.



**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**

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

- 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:**

[REDACTED]

Name: \_\_\_\_\_ Date: 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.

\_\_\_\_\_im

- 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?
- 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

**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**

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

- KN 95 masks [REDACTED]
- N 95 masks [REDACTED]
- Face shield with a veil/hood
- Gloves
- Gown
- Social distancing
  - Maintaining six feet of distance from others as much as possible [REDACTED]
  - Adjustments to work schedule to minimize contact with others [REDACTED]
  - Reassignment [REDACTED]
  - Conducting some meetings via Zoom/remotely [REDACTED]  
[REDACTED]
  - Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE)
- Special environmental protections
  - Wiping down spaces [REDACTED]
  - Plexiglass dividers for meetings/observations/testing
- Periodic testing for COVID
  - Weekly testing [REDACTED]
  - Testing administered by the District [REDACTED];  
[REDACTED]
  - 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:**

[REDACTED] the

[REDACTED]

[REDACTED]

Name: \_\_\_\_\_ Date: 9/17/21

**1. Religious belief, practice, or observance**

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

\_\_\_\_\_

- 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?

\_\_\_\_\_

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

**3. Accommodation**

\_\_\_\_\_

[REDACTED],

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 – [REDACTED].
  - N 95 masks – [REDACTED].
  - Face shield with a veil/hood – [REDACTED].
  - Gloves – [REDACTED].
  - Gown – [REDACTED].
- Social distancing
  - Maintaining six feet of distance from others as much as possible – [REDACTED], [REDACTED].
  - Adjustments to work schedule to minimize contact with others – [REDACTED].
  - Reassignment – [REDACTED].
  - Conducting some meetings via Zoom/remotely – [REDACTED].
  - Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE) – [REDACTED].
- Special environmental protections
  - Wiping down spaces – [REDACTED].
  - Plexiglass dividers for meetings/observations/testing – [REDACTED].
- Periodic testing for COVID
  - Weekly testing
  - Testing administered by the District
  - Self-testing with documentation

- [REDACTED]
- [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.]
- [REDACTED]

**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**

**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.
- 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:**

[REDACTED]

Name: \_\_\_\_\_ Date: September 17, 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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**3. Accommodation**



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**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?

[REDACTED]

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

**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**

**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.
- 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. Religious belief, practice, or observance**

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

[REDACTED]

- 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 \_\_\_\_\_.

[REDACTED]

- Have you previously received other vaccinations, immunizations, or injections? If so, how does this situation differ?

[REDACTED]

- 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?

[REDACTED]

**3. Accommodation**

[REDACTED]

**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**

**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 – [REDACTED]
- N 95 masks – [REDACTED]
- Face shield with a veil/hood – [REDACTED]
- Gloves – [REDACTED]
- Gown – [REDACTED]

- Social distancing

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

- Special environmental protections

- Wiping down spaces – [REDACTED]
- Plexiglass dividers for meetings/observations/testing – [REDACTED]

- Periodic testing for COVID

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

- [REDACTED]
- [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.]

- [REDACTED]
- Are there any additional alternative requirements to vaccination you would like to propose? If so, please explain.

[REDACTED]

- 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:**

[REDACTED]

Name: \_\_\_\_\_ Date: 9/15/21

**1. Religious belief, practice, or observance**

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

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Would her analysis change if a vaccine were proven harmless and antibodies were proven ineffective? She doesn't know, maybe given time.

- 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?

[REDACTED]

- 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 \_\_\_\_\_.

[REDACTED]

[REDACTED] fore,

- Have you previously received other vaccinations, immunizations, or injections? If so, how does this situation differ?

- [REDACTED]
- 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?
- [REDACTED]

- Is the conflict with your religious belief/practice permanent, or possibly temporary?
- [REDACTED]

### **3. Accommodation**

[REDACTED]

- 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 – [REDACTED].
    - N 95 masks – [REDACTED]ork.
    - Face shield with a veil/hood – [REDACTED].
    - Gloves – [REDACTED]
    - Gown - [REDACTED]
  - Social distancing
    - Maintaining six feet of distance from others as much as possible – [REDACTED]
    - Adjustments to work schedule to minimize contact with others – [REDACTED]
    - Reassignment – [REDACTED].
    - Conducting some meetings via Zoom/remotely – [REDACTED]
    - Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE) – [REDACTED]
  - Special environmental protections
    - Wiping down spaces - [REDACTED]

**ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT**  
COVID-19 Vaccination – Q&A for Religious Exemption Interviews

- Plexiglass dividers for meetings/observations/testing – [REDACTED]
- Periodic testing for COVID
  - Weekly testing – [REDACTED]
  - Testing administered by the District - [REDACTED]
  - Self-testing with documentation - [REDACTED]
- [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.]

- [REDACTED]
- 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:**