

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

Name: _____ Date: 9/16/21

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?

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

- 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 – N/A
 - Reassignment – Preferably not.
 - 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
 - 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.]
 - 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: [REDACTED] 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.

[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] ed

- 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]

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

- 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]
 - 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.
[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?
[REDACTED]

RECOMMENDATION:

[REDACTED]

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

Name: [REDACTED] Date: September 15, 2021 @ 11:15 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 _____.
- 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

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 [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
 - 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?

RECOMMENDATION:

[REDACTED]

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

- 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.
- 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 @ 10:30

1. Religious belief, practice, or observance

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

- 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?

RECOMMENDATION:

[REDACTED]

Name: _____ Date: September 2, 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.

_____ ned

- 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]

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: September 8, 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.
- 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: 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

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] impractical
 - 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.]

She likes the existing protocol they had in place last year.

- 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

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

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 [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 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.

[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.

ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT
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: September 22, 2021 @ 8:30 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
 - 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
 - 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 [REDACTED]
 - 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:

[REDACTED]

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.

[REDACTED]

[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?
- 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]

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], already done.
 - 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

OK with any.

- 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.

[REDACTED].

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]

[REDACTED]

[REDACTED]

[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?

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 [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]

[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.

- 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?

- [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]
 - 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

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

- 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:

[REDACTED]

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

Name: _____ Date: September 22, 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

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 [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.]
[REDACTED]
- 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

[REDACTED]

[REDACTED]

- [REDACTED]
- [REDACTED]
- [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 8, 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]
[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]
[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]