

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.

[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]
    - 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]

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

Name: [REDACTED] Date: September 16, 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] in

- 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**

**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.

[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]

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

Name: \_\_\_\_\_ Date: 10/01/2021 @ 11:30 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?

\_\_\_\_\_

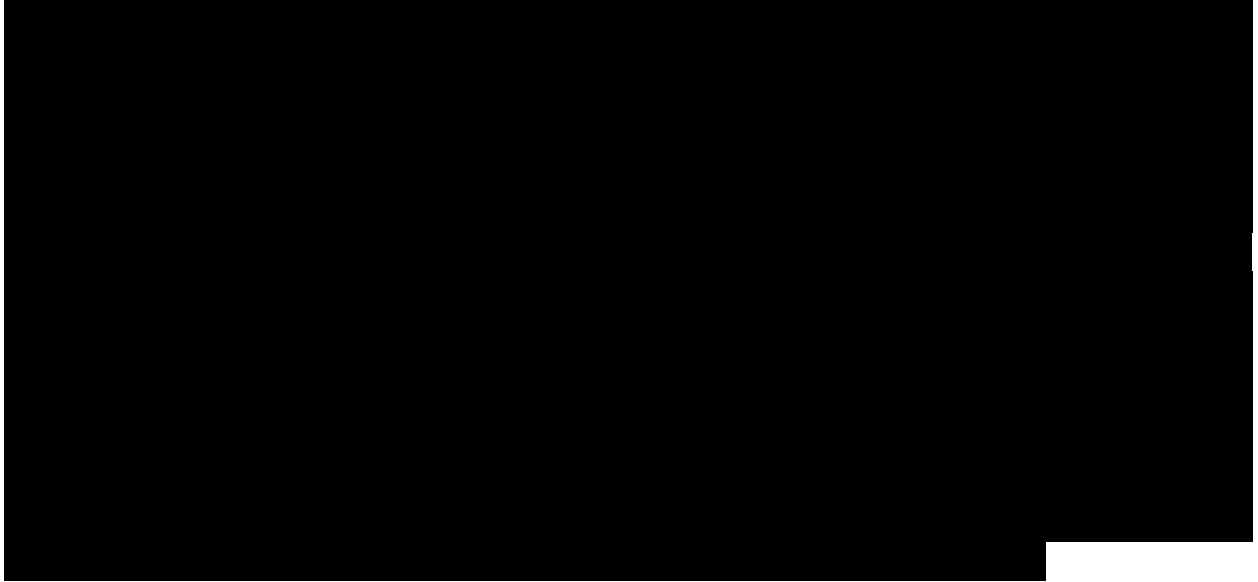
- Is the conflict with your religious belief/practice permanent, or possibly temporary?

\_\_\_\_\_

### **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 [REDACTED]
    - 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)
  - Special environmental protections
    - Wiping down spaces
    - Plexiglass dividers for meetings/observations/testing
  - 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?
  - Are there times on the job when you cannot maintain 6 feet of social distancing with others? If so, what times?

**RECOMMENDATION:**



Name: \_\_\_\_\_ Date: 9/22/21

**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]

- 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?
- 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]

[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]

**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]

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

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.

\_\_\_\_\_

- 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: 9/14/2021

**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?

[REDACTED]

- Wearing personal protective equipment

- KN 95 masks – [REDACTED]
- N 95 masks – [REDACTED]
- Face shield with a veil/hood – [REDACTED] tical
- 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] kable.
- 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] ne

- 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?
    - 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: 10/8/21 @ 2:00

**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 – [REDACTED]

[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 – [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.]

**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:**



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

Name [REDACTED] Date: 9/14/2021 / 9/21/21

**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?

[REDACTED]

[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**

[REDACTED]

[REDACTED]

**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?
- 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?

[REDACTED]

[REDACTED]

▪ 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]

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

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

- 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?
  - 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]

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
    - 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: 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.

\_\_\_\_\_

Should another vaccine become available she would need to consult her conscience and God to make a decision whether to accept this.

- 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]  
[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

S

Name: [REDACTED] 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.

[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?

**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: 9/16/2021

**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], 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.]
- 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: 10/8/21

**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?

\_\_\_\_\_ted

- 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**

## COVID-19 Vaccination – Q&amp;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?

- 11/11/2016

- \_\_\_\_\_

**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: October 18, 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?

He is a volunteer football coach and said that 100% of his time with players is outdoors. He expressed concern about being singled out – having different PPE requirements than other coaches – which he believes is discriminatory.

- 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]

Name: \_\_\_\_\_ Date: 10/15/2021

**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 – [REDACTED]
    - 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 – [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:



Name: \_\_\_\_\_ Date: 10/15/2021

**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 – [REDACTED]
    - KN 95 masks [REDACTED]
    - N 95 masks [REDACTED]
    - Face shield with a veil/hood [REDACTED]
    - Gloves [REDACTED]
    - Gown [REDACTED]
  - Social distancing – [REDACTED]
    - 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)
  - Special environmental protections
    - Wiping down spaces
    - Plexiglass dividers for meetings/observations/testing
  - 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:**



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

Name: [REDACTED] 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.

[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?

**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 – [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]
- 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: 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?

\_\_\_\_\_

- 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 - [REDACTED]
    - 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 [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.

**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:



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

Name: \_\_\_\_\_ Date: October 13, 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?

**RECOMMENDATION:**

[REDACTED]

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

Name: \_\_\_\_\_ Date: October 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**

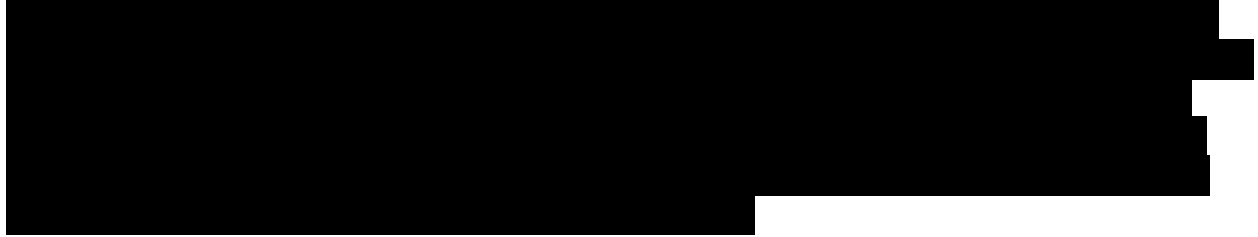
- The District is considering a number of potential alternative requirements to vaccination that would help prevent COVID-19 transmission and illness. Would you object to any of the following alternative requirements, and if so why?
  - Wearing personal protective equipment
    - KN 95 masks [REDACTED]
    - 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?

**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: 10/14/21

**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?
- 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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    - 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.]

[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**

- 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?

**RECOMMENDATIONS:**



Name: \_\_\_\_\_ Date: **10/13/2021**

**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?
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\_\_\_\_\_.

**3. Accommodation**

\_\_\_\_\_

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[REDACTED]
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    - Plexiglass dividers for meetings/observations/testing – [REDACTED]  
[REDACTED]
  - Periodic testing for COVID  
[REDACTED].
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- Are there times on the job when you cannot maintain 6 feet of social distancing with others? If so, what times?

**RECOMMENDATION:**

[REDACTED]