

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

- How long have you held this belief or
 - Have you applied this belief/practice

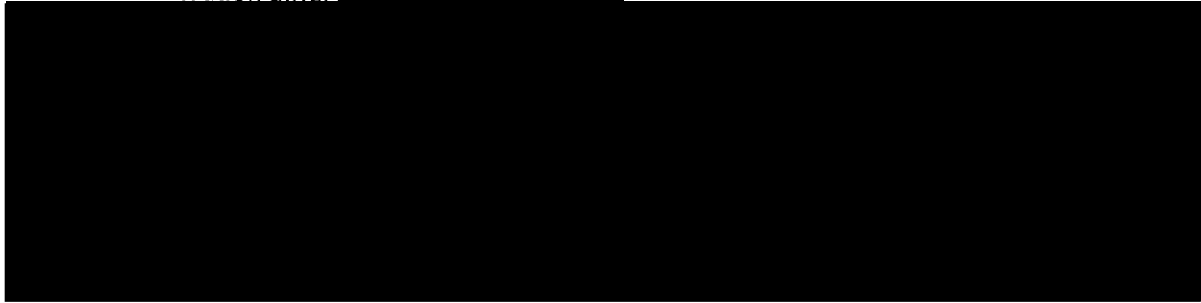
- Do you have any additional religious beliefs or practices that prevent you from receiving a COVID-19 vaccination?

- 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

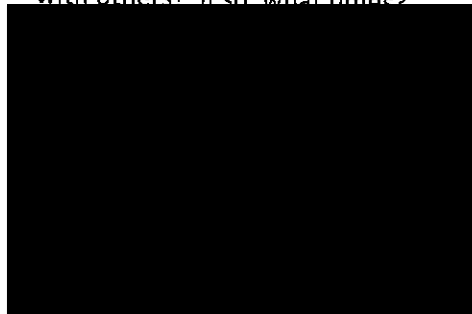
- The District is considering a number of potential alternative requirements to vaccination that would help prevent COVID-19 transmission and illness. Would you object to any of the following alternative requirements, and if so why?
 - Wearing personal protective equipment
 - KN 95 masks
 - N 95 masks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

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?



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

in this practice?

Have you applied this belief/practice to other decisions in your life?

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

- Please explain the following statement(s) in your application form: _____.

2. Explanation of conflict

- Please explain specifically how you receiving a COVID-19 vaccination would conflict with your religious belief/practice of

[REDACTED]

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

[REDACTED]

- What is the basis for your (factual) statement that _____?

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

[REDACTED]

[REDACTED]

- Is the conflict with your religious belief/practice

[REDACTED]

3. Accommodation

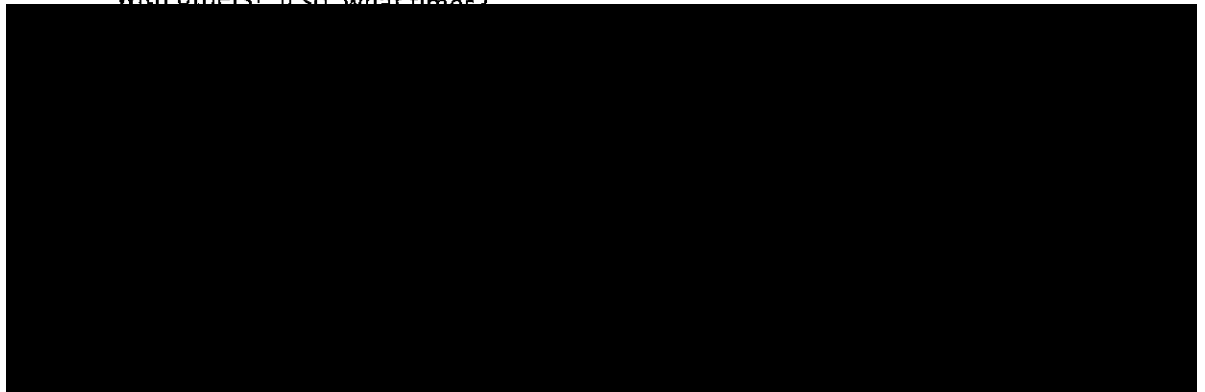
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 - Wearing personal protective equipment
 - KN 95 masks
 - KN 95 masks
 - Face shield with a veil/hood
 - Gloves
 - Gown
 - Social distancing
 - Maintaining six feet of distance from others as much as possible
 - Adjustments to work schedule to minimize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

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?



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

Name _____

1. _____

- 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 situations?

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

- Please explain the following statement(s) in your application form: _____.

2. Explanation of conflict

- Please explain specifically how you receiving a COVID-19 vaccination would conflict with your religious belief/practice of

[REDACTED]

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

[REDACTED]

- What is the basis for your (factual) statement that _____?
 - If that were not the case, would you still have a religious objection to receiving a COVID-19 vaccination?

- Is the conflict with your religious belief/practice

[REDACTED]

[REDACTED]

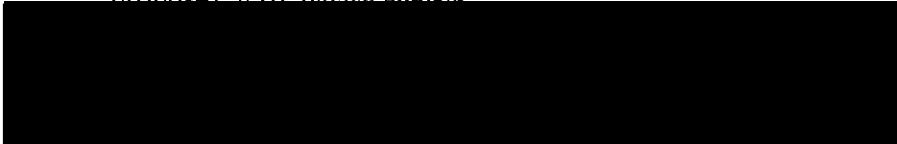
3. Accommodation

- 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
 - N 95 masks
 - Face shield with a veil/hood
 - Gloves
 - Gown
 - - standing
 - 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)
 - - environmental protections
 - Wiping down spaces
 - plexiglass dividers for meetings/observations/testing
 - - Testing for COVID
 - Weekly testing
 - Testing administered by the District
 - Self-testing with documentation

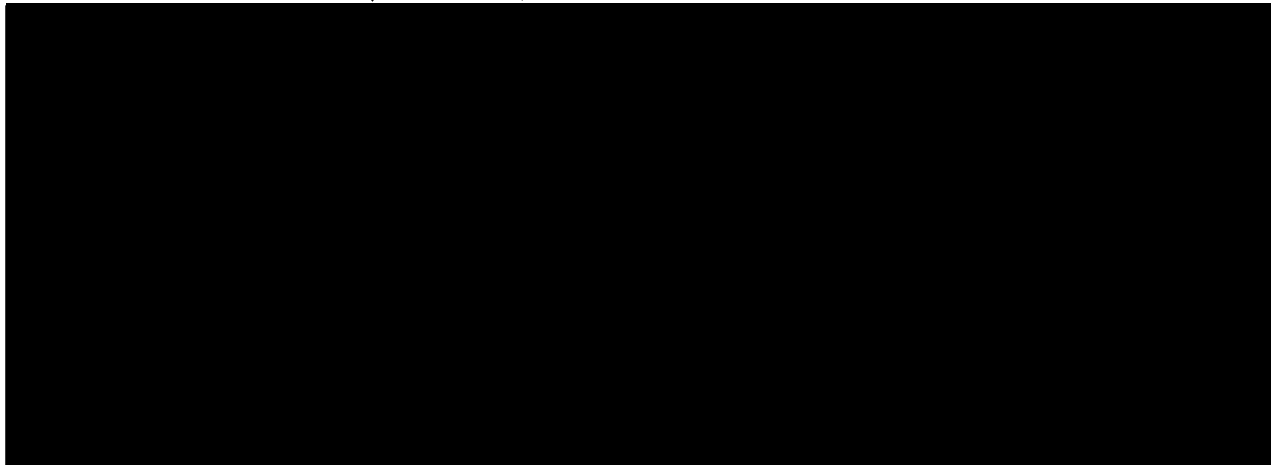
ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT
COVID-19 Vaccination – Q&A for Religious Exemption Interviews

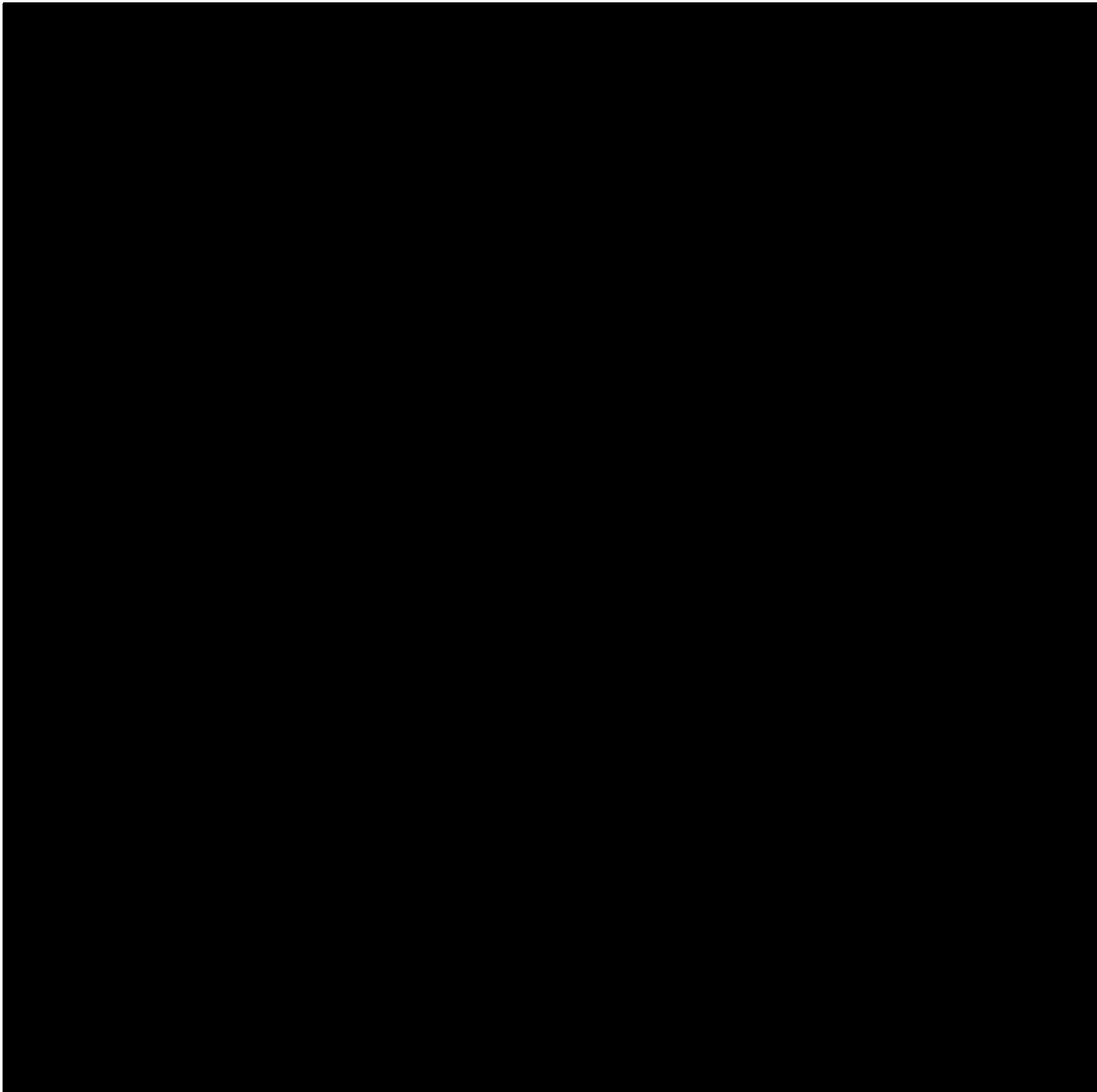
- [For any *religious* objections raised to a listed alternative, go over the same questions in the initial application form, and any appropriate follow-up questions consistent with the above.]

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



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





[REDACTED]

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?

- 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?

[REDACTED]

- Is the conflict with your religious belief/practice

[REDACTED]

3. Accommodation

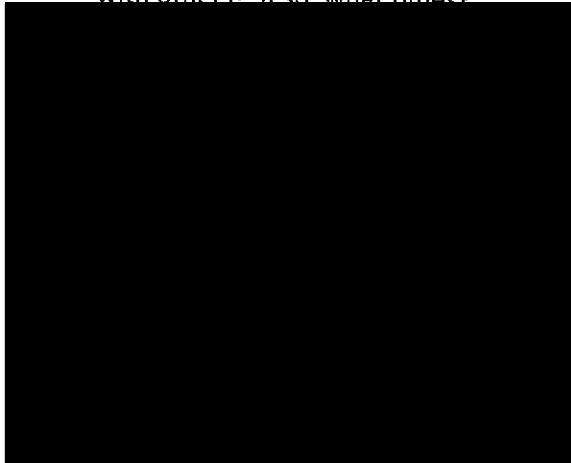
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 - Wearing personal protective equipment
 - KN 95 masks
 - N 95 masks
 - Face shield with a veil/hood
 - Gloves
 - Gown
 - Social distancing
 - Maintaining six feet of distance from others as much as possible
 - Adjustments to work schedule to minimize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

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.

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ATTORNEY
COVID-19

Name _____

1. _____ance

- 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?

- How long have you held this belief or engaged in this practice?
- Have you applied this belief/practice to other decisions in your

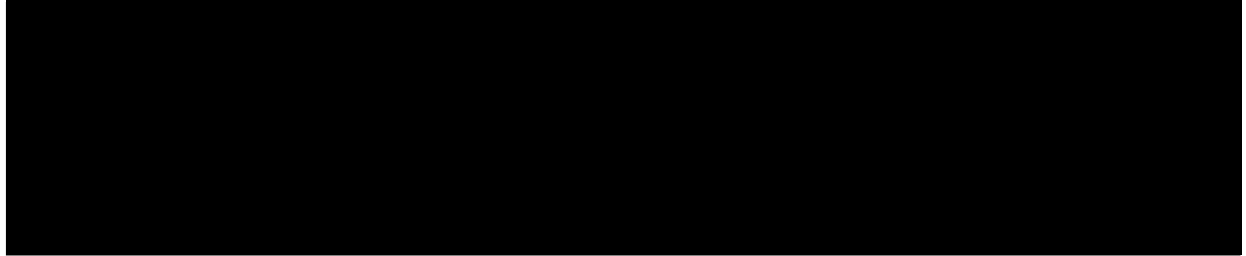
- Do you have any additional religious beliefs or practices that prevent you from receiving a COVID-19 vaccination?

- Please explain the following statement(s) in your application form: _____.

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

2. Explanation of conflict

- Please explain specifically how you receiving a COVID-19 vaccination would conflict with your religious belief/practice of _____.

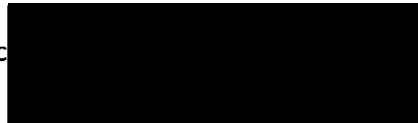


- Have you previously received other vaccinations, immunizations, or injections? If so, how does this situation differ?



- 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 _____ary?



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

95 masks

5 masks

shield with a veil/hood

gloves

gown

- Spacing

Maintaining six feet of distance from others as much as possible

Adjustments to work schedule to minimize contact with others

Assignment

Conducting some meetings via Zoom/remotely

Working alone in classroom, office, or other designated space while

working (or otherwise not wearing required PPE)

- Structural/Environmental protections

Closing down spaces

Installing glass dividers for meetings/observations/testing

- Procedures for COVID

Regular testing

Testing administered by the District

Testing with documentation

ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT

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

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

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

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

[REDACTED]

Name [REDACTED]

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 [REDACTED]

- How long have you held this belief/practice?

- Have you applied this belief/practice to other decisions/decisions?

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

[REDACTED]

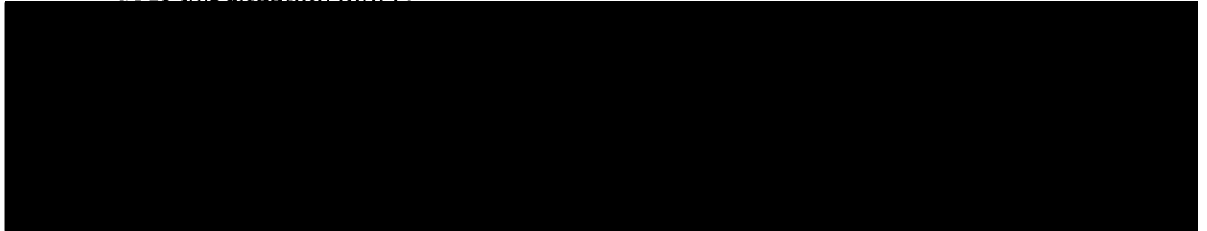
- Please explain the following statement(s) in your application form: _____.

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

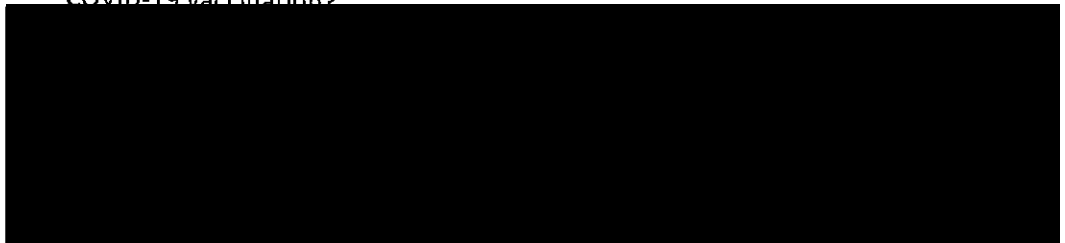
2. Explanation of conflict

- Please explain specifically how you receiving a COVID-19 vaccination would conflict with your religious belief/practice of _____.

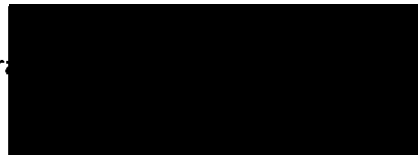
- Have you previously received other vaccinations, immunizations, or injections? If so, how does this situation differ?



- 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 _____ oratory?



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**

- 95 masks

- 95 masks

- face shield with a veil/hood

- gloves

- gown

- **Spacing**

- maintaining six feet of distance from others as much as possible

- adjustments to work schedule to minimize contact with others

- assignment

- conducting some meetings via Zoom/remotely

- staying alone in classroom, office, or other designated space while

- working (or otherwise not wearing required PPE)

- **Structural/Environmental protections**

- closing down spaces

- plexiglass dividers for meetings/observations/testing

- **Personal testing for COVID**

- weekly testing

- testing administered by the District

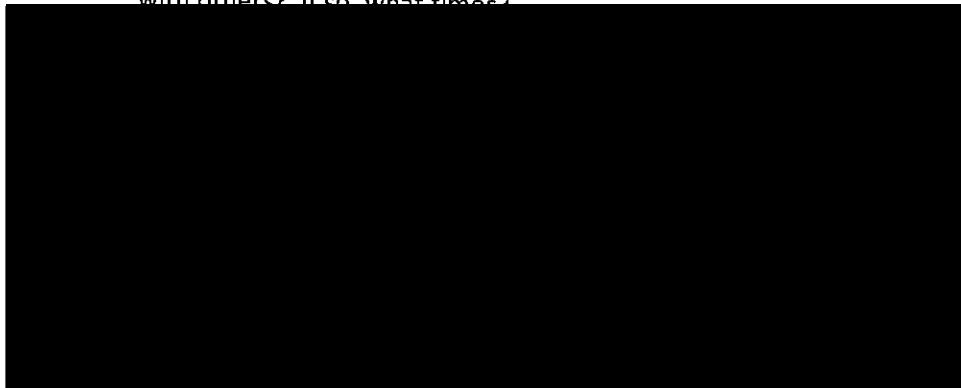
- testing with documentation

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

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

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

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



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

Name _____

Date: _____

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 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: _____.

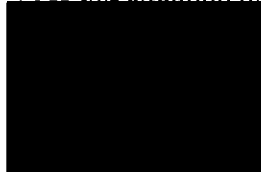
ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT
COVID-19 Vaccination – Q&A for Religious Exemption Interviews

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

- N 95 masks

- Face shield with a veil/hood

- Gloves

- Gown

- Social distancing

- Maintaining six feet of distance from others as much as possible

- Adjustments to work schedule to minimize contact with others

- Reassignment

- Conducting some meetings via Zoom/remotely

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

- Eating (or otherwise not wearing required PPE)

- Sanitation and environmental protections

- Disinfecting and wiping down spaces

- Plexiglass dividers for meetings/observations/testing

- Periodic testing for COVID

- Weekly testing

- Testing administered by the District

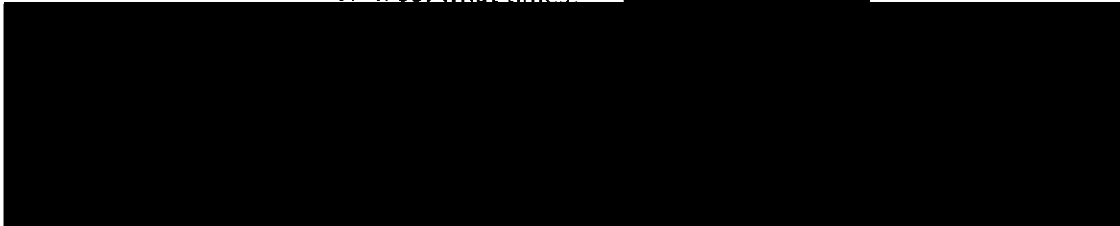
- Self-testing with documentation

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

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

Name: [REDACTED]

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 [REDACTED]
 - 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: _____.

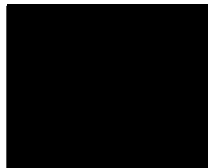
ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT
COVID-19 Vaccination – Q&A for Religious Exemption Interviews

2. Explanation of conflict

- Please explain specifically how you receiving a COVID-19 vaccination would conflict with your religious belief/practice of _____.

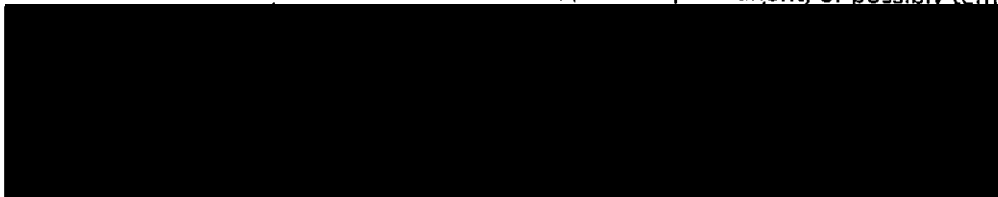


- Have you previously received other vaccinations, immunizations, or injections? If so, how does this situation differ?



- 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?

- Wearing personal protective equipment (PPE)

- KN 95 masks

- KN 95 masks

- Face shield with a vent/hood

- Gloves

- Gown

- Social distancing

- Maintaining six feet of distance from others as much as possible

- Adjustments to work schedule to minimize contact with others

- Reassignment

- Conducting some meetings via Zoom/remotely

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

- Working (or otherwise not wearing required PPE)

- Spatial and environmental protections

- Cleaning high-touch spaces

- Plexiglass dividers for meetings/observations/testing

- Periodic testing for COVID

- Weekly testing

- Self-testing administered

- Self-testing with doctor

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

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- 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?

ATTORNEY
COVID-19

Name

1

- 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: _____.

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

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 [REDACTED]
 - 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

- 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?

- Wearing personal protective equipment (PPE)
 - KN 95 masks
 - N 95 masks
 - Face shield
 - Gloves
 - Gown
- Social distancing
 - Maintaining six feet of distance from others as much as possible
 - Adjustments to work schedule to minimize contact with others
 - Assignment
 - Conducting some meetings via Zoom/remotely
 - Working alone in classroom, office, or other designated space while working (or otherwise not wearing required PPE)
- Spatial and environmental protections
 - Closing down spaces
 - Plexiglass dividers for meetings/observations/testing
- Periodic testing for COVID-19
 - Weekly testing
 - Testing administered by the District
 - Self-testing with documentation

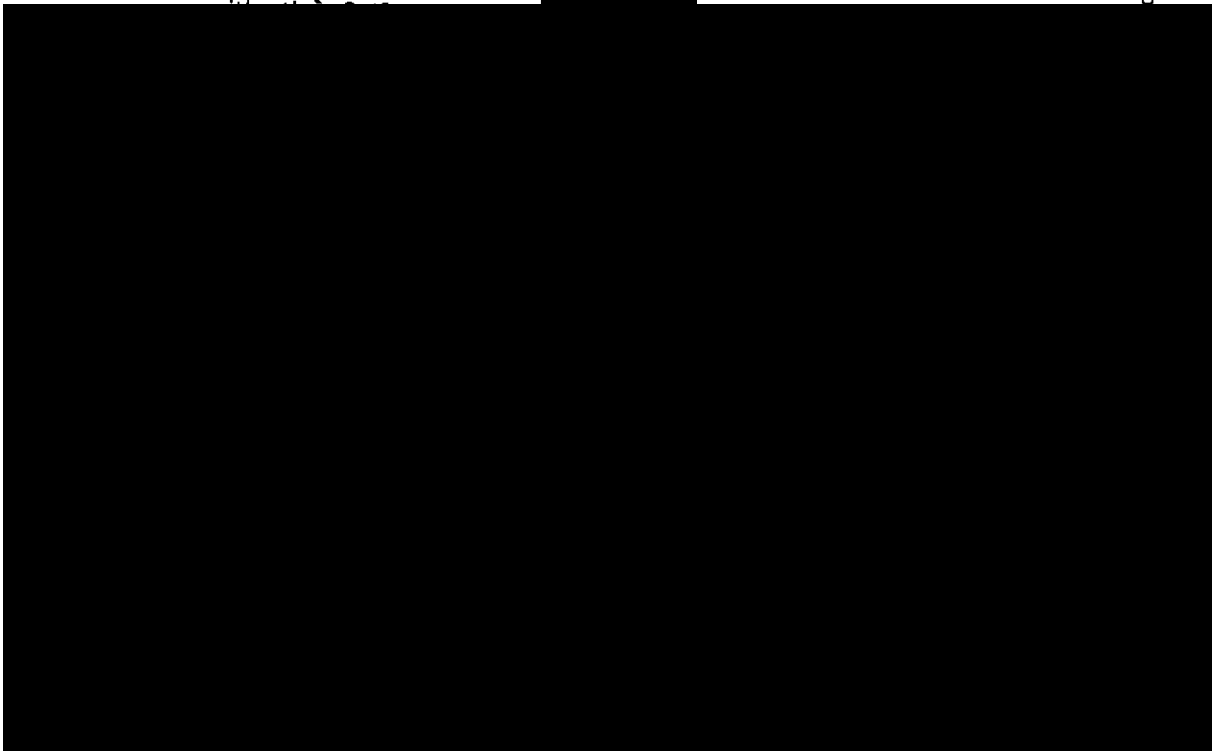
ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT
COVID-19 Vaccination – Q&A for Religious Exemption Interviews

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- 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 w [redacted] not maintain 6 feet of social distancing



[REDACTED]

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 [REDACTED]
 - How long have you held this belief or engaged in this practice?
 - Have you applied this belief/practice to other decisions in your life?

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

- Please explain the following statement(s) in your application form: _____
- [REDACTED]

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

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 a religious exemption to any other vaccinations? 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?

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

3. Accommodation

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

ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT

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

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

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

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

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

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

Name: _____

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 situations?

- 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: _____.

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

2. Explanation of conflict

- Please explain specifically how you receiving a COVID-19 vaccination would conflict with your religious belief/practice of _____.

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

- What is the basis for your (factual) statement that _____?
 - If that were not the case, would you still have a religious objection to receiving a COVID-19 vaccination?

- o Is the conflict with your religious belief/practice? [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

- N 95 masks

- Face shield with a veil/hood

- Gloves

- Gown

- Social distancing

- Maintaining six feet of distance from others as much as possible

- Adjustments to work schedule to minimize contact with others

- Reassignment

- Conducting some meetings via Zoom/remotely

- Staying alone in classroom, office, or other designated space while eating (or otherwise not wearing required PPE)

- Special environmental protections

- Wiping down spaces

- Plexiglass dividers for meetings/observations/testing

- Periodic testing for COVID

- Weekly testing

- Testing administered

- Self-testing with

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?

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Names

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 do you know that this is a deeply held conviction?
- 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: _____

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

2. Explanation of conflict

- Please explain specifically how you receiving a COVID-19 vaccination would conflict with your religious belief/practice of _____.

[REDACTED]

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

[REDACTED]

- What is the basis for your (factual) statement that _____?
 - If that were not the case, would you still have a religious objection to receiving a COVID-19 vaccination?

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

[REDACTED]

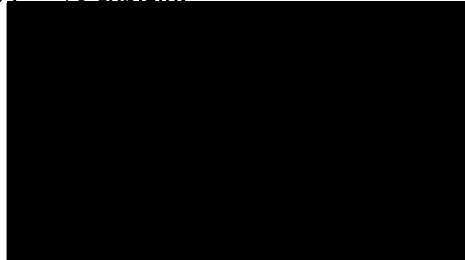
3. Accommodation

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

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

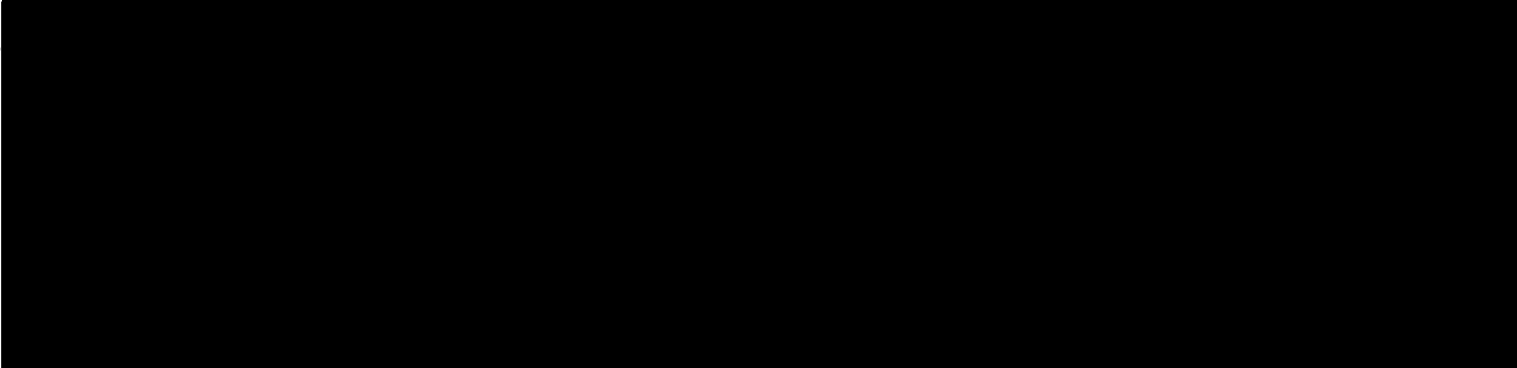
- [For any *religious* objections raised to a listed alternative, go over the same questions in the initial application form, and any appropriate follow-up questions consistent with the above.]

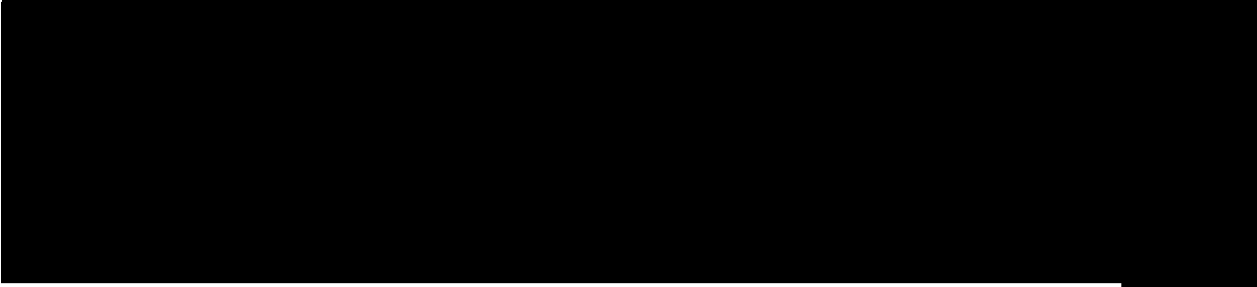
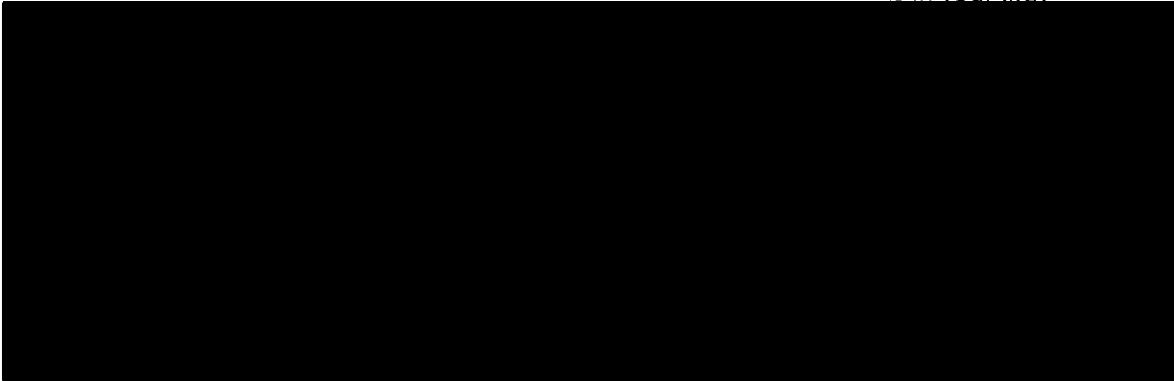
- Are there any additional alternative requirements to vaccination you would like to propose? If so, please explain.



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



- 
- 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
 - How long have you held this belief or engaged in this practice?
 - Have you applied this belief/practice to other decisions in your life?
- 

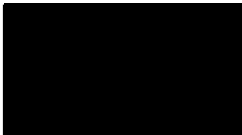
- Do you have any additional religious beliefs or practices that prevent you from receiving a COVID-19 vaccination?

- Please explain the following statement(s) in your application form: _____.

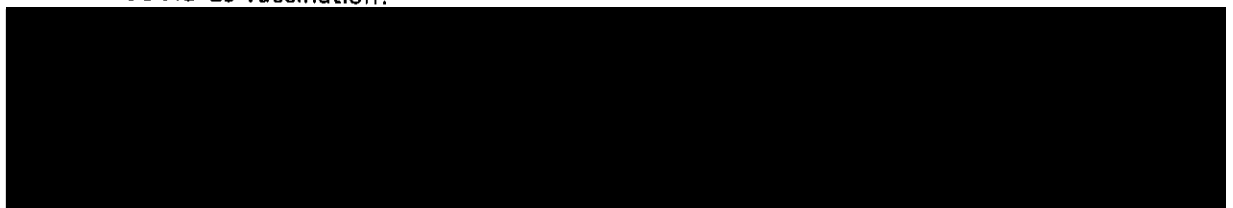
2. Explanation of conflict

- Please explain specifically how you receiving a COVID-19 vaccination would conflict with your religious belief/practice of _____.

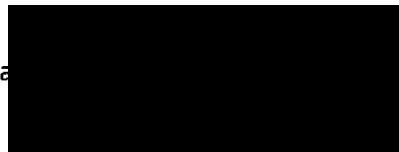
- Have you previously received other vaccinations, immunizations, or injections? If so, how does this situation differ?



- 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 _____ 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 (PPE)

Wearing N 95 masks

Wearing 95 masks

Wearing face shield v

Wearing gloves

Wearing gown

- Social distancing

Maintaining six feet of distance from others as much as possible

Making adjustments to work schedule to minimize contact with others

Staggered assignment

Conducting some meetings via Zoom/remotely

Working alone in classroom, office, or other designated space while

working (or otherwise not wearing required PPE)

- Spacing and environmental protections

Spacing out spaces

Using plexiglass dividers for meetings/observations/testing

- Periodic testing for COVID

Weekly testing

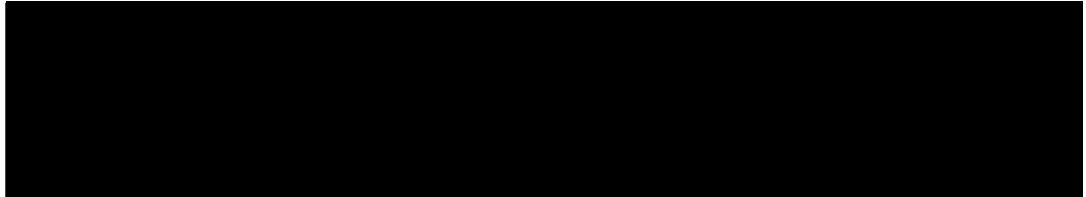
Testing administered by the District

Self-testing with documentation

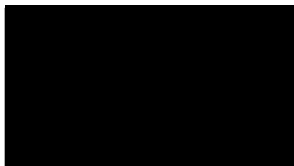
ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT
COVID-19 Vaccination – Q&A for Religious Exemption Interviews

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

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

A large black rectangular redaction box covering the response to the question about additional alternative requirements to vaccination.

- 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?

A black rectangular redaction box covering the response to the question about times on the job when social distancing cannot be maintained.

- 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?
 - How long have you held this belief or engaged in this practice?
 - Have you applied this belief/practice to other decisions in your life?

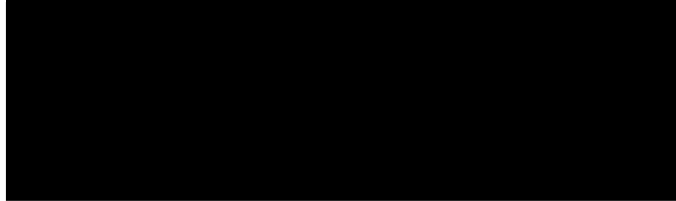
- Do you have any additional religious beliefs or practices that prevent you from receiving a COVID-19 vaccination?

- Please explain the following statement(s) in your application form: _____.

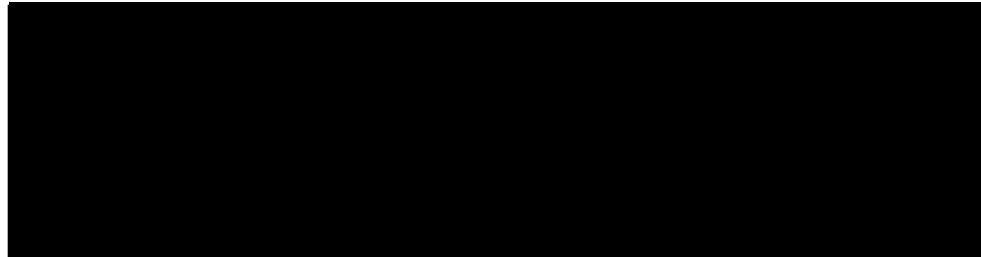
ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT
COVID-19 Vaccination – Q&A for Religious Exemption Interviews

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?

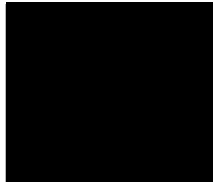
3. Accommodation

- 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
 - N 95 masks
 - 95 masks
 - face shield with a veil/hood
 - gloves
 - gown
 - Staying at home
 - Staying at home
 - 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 working (or otherwise not wearing required PPE)
 - Sanitizing environmental protections
 - Disinfecting high-touch surfaces
 - Disinfecting down spaces
 - Plexiglass dividers for meetings/observations/testing
 - Periodic testing for COVID
 - Weekly testing
 - Testing administered by the District
 - Self-testing with documentation

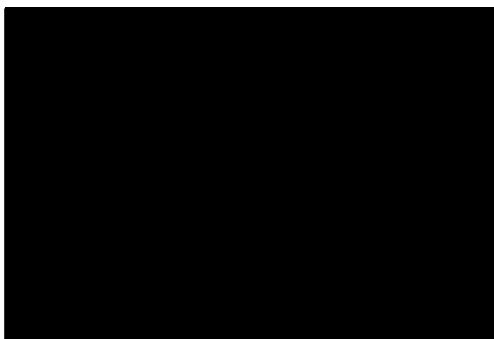
ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT
COVID-19 Vaccination – Q&A for Religious Exemption Interviews

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

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



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



1. The first section of the report is a summary of the findings of the study. This section is divided into two parts: a description of the study and a summary of the results. The description of the study includes the purpose of the study, the research questions, the methods used, and the participants. The summary of the results includes the main findings of the study and the conclusions drawn from the data.	2. The second section of the report is a detailed description of the study. This section is divided into three parts: a description of the study, a description of the methods used, and a description of the results. The description of the study includes the purpose of the study, the research questions, the methods used, and the participants. The description of the methods used includes the design of the study, the data collection methods, and the data analysis methods. The description of the results includes the main findings of the study and the conclusions drawn from the data.
3. The third section of the report is a discussion of the findings of the study. This section is divided into two parts: a discussion of the findings and a discussion of the implications of the findings. The discussion of the findings includes a comparison of the findings with the research questions and a discussion of the strengths and limitations of the study. The discussion of the implications of the findings includes a discussion of the practical implications of the findings and a discussion of the theoretical implications of the findings.	4. The fourth section of the report is a conclusion. This section is divided into two parts: a summary of the findings and a discussion of the implications of the findings. The summary of the findings includes the main findings of the study and the conclusions drawn from the data. The discussion of the implications of the findings includes a discussion of the practical implications of the findings and a discussion of the theoretical implications of the findings.

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

Name _____

Date _____

1. _____

- 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: _____.

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

2. Explanation of conflict

- Please explain specifically how you receiving a COVID-19 vaccination would conflict with your religious belief/practice.

[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 _____ 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

- KN 95 masks

- Face shield with a veil/hood

- Gloves

- Gown

- **Staying apart**

- 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)

- **Spacing and environmental protections**

- Wiping down spaces

- Plexiglass dividers for meetings/observations/testing

- **Personal testing for COVID**

- Weekly testing

- Testing administered by the District

- Self-testing with documentation

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

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

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

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



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

Name

- 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?
 - How long have you held this belief or engaged in this practice?
 - Have you applied this belief/practice to other beliefs?

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

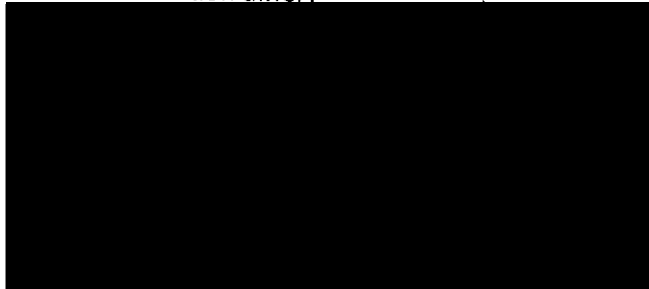
- Please explain the following statement(s) in your application form: _____.

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

2. Explanation of conflict

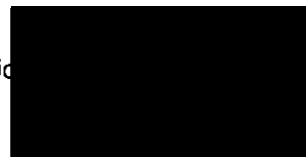
- Please explain specifically how you receiving a COVID-19 vaccination would conflict with your religious belief/practice of _____.

- 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 _____ 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

- N95 masks

- Face shield with

- Gloves

- Gown

- Spacing

- Maintaining six

- Adjustments to work schedule to minimize contact with others

- Assignment

- Conducting some meetings via Zoom/remotely

- Working alone in classroom, office, or other designated space while

- Working (or otherwise not wearing required PPE)

- Spacing and environmental protections

- Closing down spaces

- Installing glass dividers for meetings/observations/testing

- Personal testing for COVID

- Weekly testing

- Testing administered by the District

- Testing with documentation

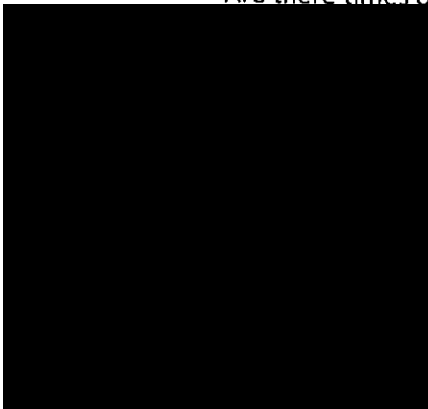
ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT
COVID-19 Vaccination – Q&A for Religious Exemption Interviews

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

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

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

- Are there times on the job when you cannot maintain 6 feet of social distancing
p, what times?



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

Name _____

1. _____

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

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

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

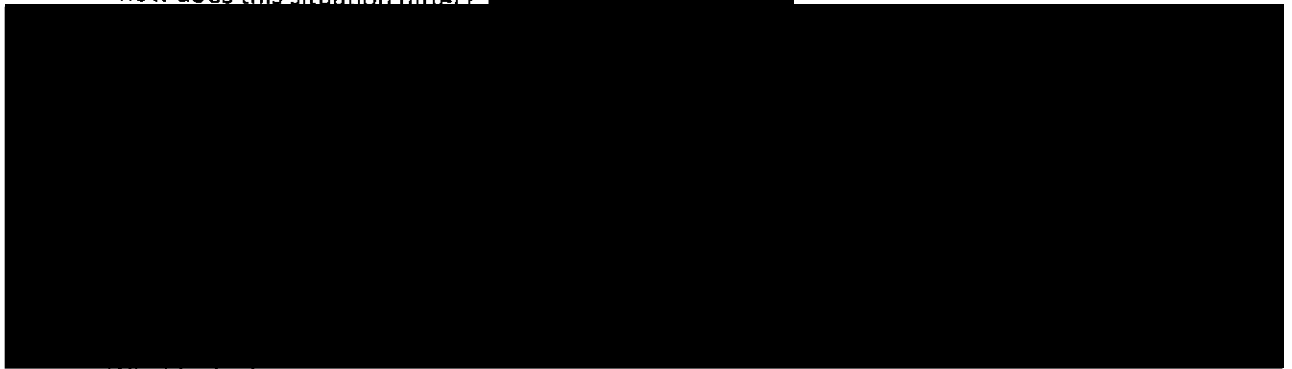
- o Please explain the following statement(s) in your application form: _____.

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

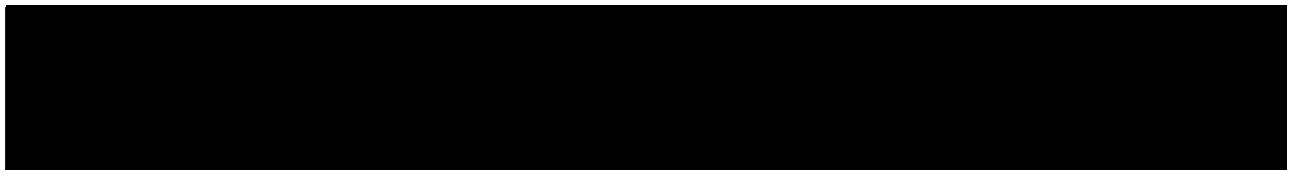
2. Explanation of conflict

- 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?

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

3. Accommodation

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

ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT

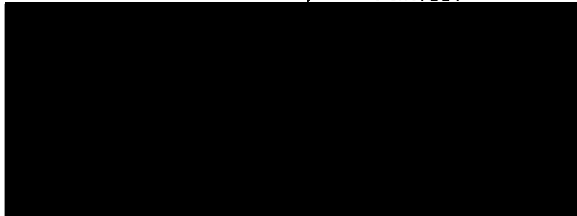
COVID-19 Vaccination – Q&A for Religious Exemption Interviews

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

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

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

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



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

Name: _____ Date: _____

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]

- [REDACTED]
- What is the basis for your (factual) statement that _____?
 - If that were not the case, would you still have a religious objection to receiving a COVID-19 vaccination?

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

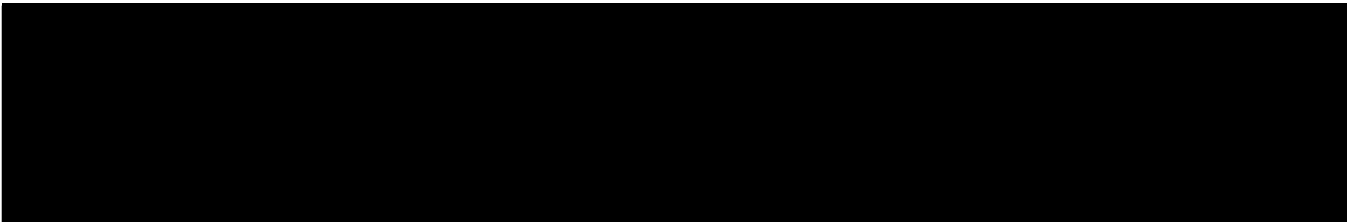
3. Accommodation

- 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:

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

Name: _____

1.

- Please provide more detail about your religious belief/practice that prevents you from

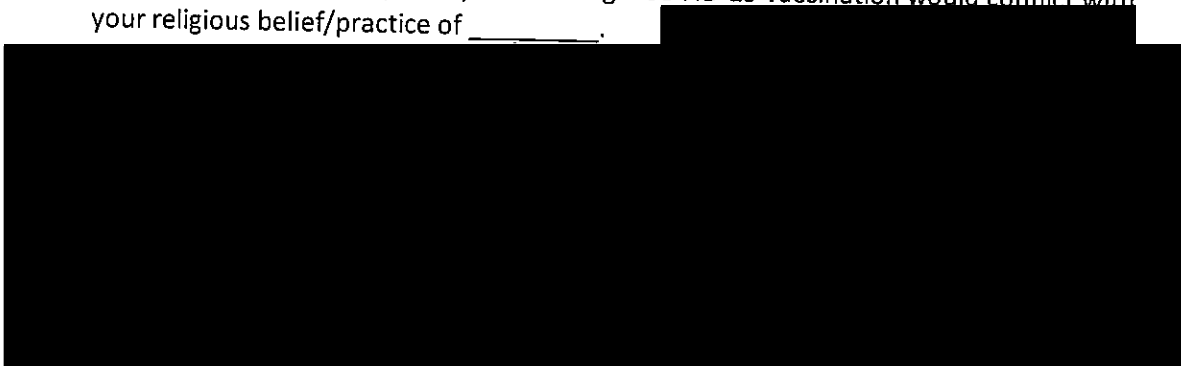
- Is this a deeply held conviction you have about what is right or wrong for you to do?
 - How long have you held this belief or engaged in this practice?
 - Have you applied this belief/practice to other decisions in your life?

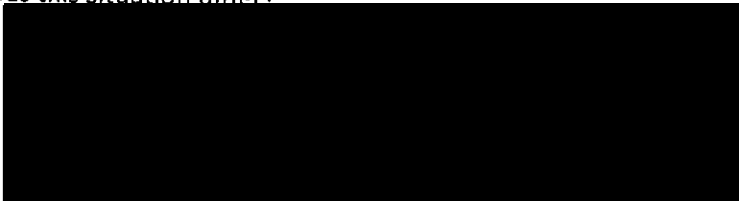
- Do you have any additional religious beliefs or practices that prevent you from receiving a COVID-19 vaccination?

- Please explain the following statement(s) in your application form: _____

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

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 _____ oratory?


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

95 masks

5 masks

shield with a veil/hood

gloves

gown

- Social distancing

Maintaining six feet of distance from others as much as possible

Adjustments to work schedule to minimize contact with others

Task assignment

Conducting some meetings via Zoom/remotely

Working alone in classroom, office, or other designated space while

working (or otherwise not wearing required PPE)

- Spacing environmental protections

Designating down spaces

Installing glass dividers for meetings/observations/testing

- Personal testing for COVID

Weekly testing

Testing administered by the District

Testing with documentation

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

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

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

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



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

Name

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?

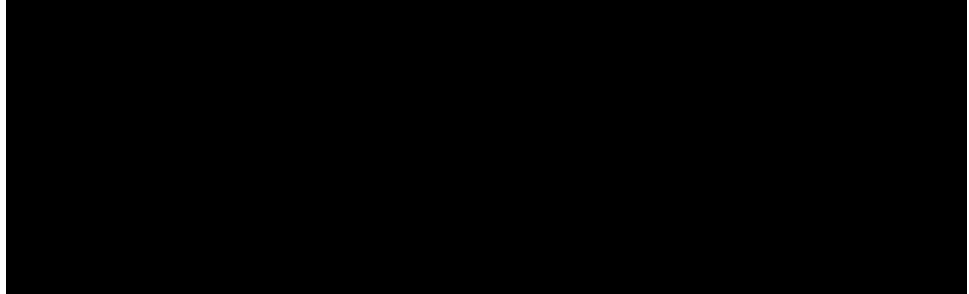
- Do you have any additional religious beliefs or practices that prevent you from receiving a COVID-19 vaccination?

- Please explain the following statement(s) in your application form: _____.

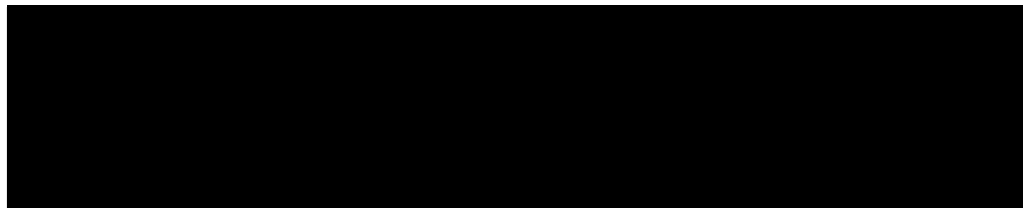
ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT
COVID-19 Vaccination – Q&A for Religious Exemption Interviews

2. Explanation of conflict

- Please explain specifically how you receiving a COVID-19 vaccination would conflict with your religious belief/practice of

A large black rectangular redaction box covering the response to the first question.

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

A large black rectangular redaction box covering the response to the second question.

- 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?

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

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

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

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

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

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

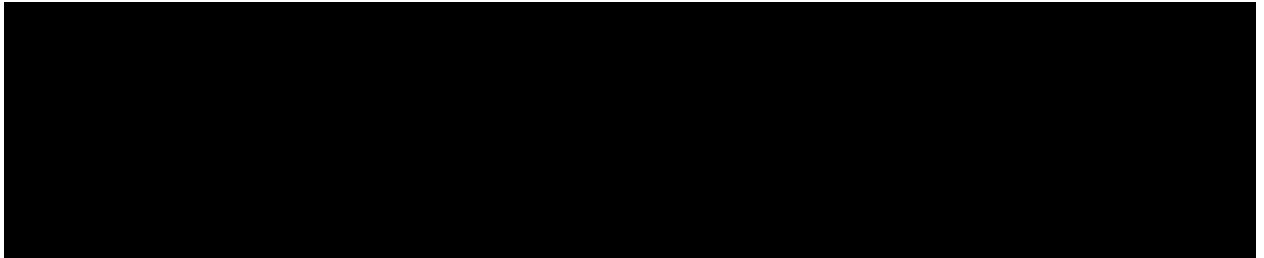
- Is this a deeply held conviction you have about what is right or wrong for you to do
 - How long have you held this belief or engaged in this practice?
 - Have you applied this belief/practice to other decisions in your life?

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

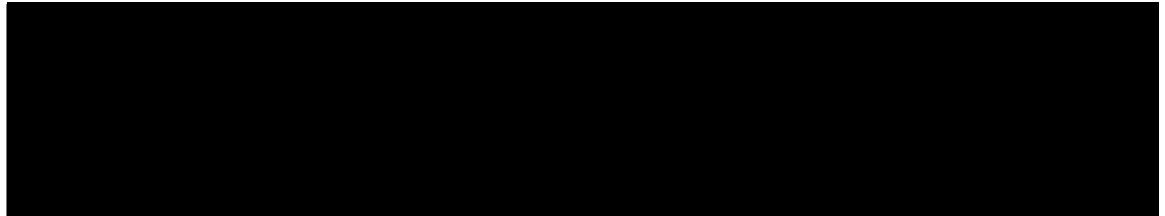
- Please explain the following statement(s) in your application form: _____

2. Explanation of conflict

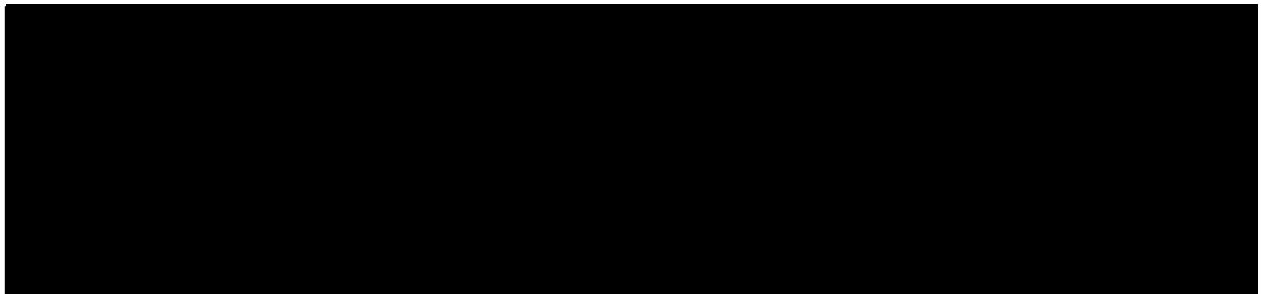
- Please explain specifically how you receiving a COVID-19 vaccination would conflict with your religious belief/practice of _____.

A large black rectangular redaction box covering the response to the first question.

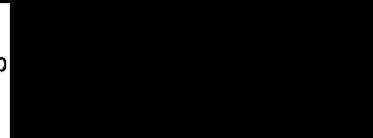
- Have you previously received other vaccinations, immunizations, or injections? If so, how does this situation differ?

A large black rectangular redaction box covering the response to the second question.

- 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?

A large black rectangular redaction box covering the response to the third question.

- Is the conflict with your religious belief/p _____ temporary?

A black rectangular redaction box covering the response to the fourth question.

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?

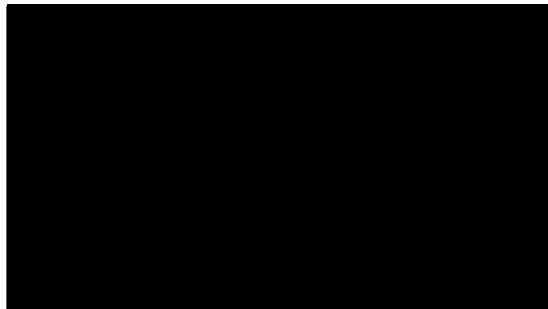
- [REDACTED] personal protective equipment
 - KN 95 masks [REDACTED]
 - KN 95 masks [REDACTED]
 - Face shield with a veil/h [REDACTED]
 - Glove [REDACTED]
 - Gown [REDACTED]
- Social distancing
 - Maintaining six feet of distance from others as much as possible
 - Adjustments to work schedule to minimize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

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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?



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

- [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 conviction?
 - Have you ever changed your mind about this conviction?

- 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 _____ to receiving a COVID-19 vaccination?

[REDACTED]

- 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] personal protective equipment
 - [REDACTED] N 95 masks
 - [REDACTED] 95 masks
 - [REDACTED] face shield with a veil/hood
 - [REDACTED] gloves
 - [REDACTED] gown
 - [REDACTED] distancing
 - [REDACTED] maintaining six feet of distance from others as much as possible
 - [REDACTED] adjustments to work schedule to minimize contact with others
 - [REDACTED] assignment
 - [REDACTED] conducting some meetings via Zoom/remotely
 - [REDACTED] staying alone in classroom, office, or other designated space while working (or otherwise not wearing required PPE)
 - [REDACTED] environmental protections
 - [REDACTED] closing down spaces
 - [REDACTED] plexiglass dividers for meetings/observations/testing
 - [REDACTED] testing for COVID
 - [REDACTED] weekly testing
 - [REDACTED] testing administered by the District
 - [REDACTED] self-testing with documentation

ATTORNEY-CLIENT PRIVILEGED; ATTORNEY WORK PRODUCT

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

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

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

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