

**AFFILIATE ATTESTATION FORM  
RELIGIOUS EXEMPTION FROM COVID-19 VACCINATION REQUIREMENT**

This form is for RRH affiliates that have made a determination that an individual has a valid religious exemption from the COVID-19 vaccine requirement established by 10 NYCRR § 2.61. Please submit the completed form via email to [Accommodations@RochesterRegional.org](mailto:Accommodations@RochesterRegional.org).

\*\*\*

**INDIVIDUAL INFORMATION**

1. Name (Individual Seeking Exemption/Accommodation):	2. Employer/School:
3. Position:	4. RRH Contact (Manager):
5. Employer/School Contact Person:	6. Employer/School Contact Email:
7. Employer/School Contact Phone:	8. RRH Facilit(ies) Impacted:

**ATTESTATION**

I, on behalf of \_\_\_\_\_, do hereby attest that \_\_\_\_\_

Employer/School listed in Box 2, above

Individual listed in Box 1, above

is exempt from the COVID-19 vaccination requirement, and that \_\_\_\_\_ made such determination

Employer/School listed in Box 2, above

based on such individual's sincerely-held religious belief, and in accordance with the standards established by Title VII of Civil Rights Act of 1964 (Title VII standards are further explained in the Equal Employment Opportunity Commission guidance at <https://www.eeoc.gov/laws/guidance/section-12-religious-discrimination>). I further attest that a confidential record of the request for exemption and determination, in accordance with applicable law, has been maintained and shall be provided at the request of Rochester Regional Health. I further attest that I am duly authorized and have the legal capacity to execute and deliver this attestation on behalf of the above named organization.

**SIGNED:**

\_\_\_\_\_  
Signature of Attestator

\_\_\_\_\_  
Print Name of Attestator

Date: \_\_\_\_\_