

EXHIBIT B



Boston Medical Center HEALTH SYSTEM

Request for Religious Exemption from COVID-19 Vaccination Form for BMCHS Employees

Name: Maureen Lee McCarthy

Employee ID: MR - X007X488

Department: Nursing

Boston Medical Center Health System (BMCHS) policy requires all employees be fully vaccinated against COVID-19.

A religious exemption may be granted upon completion of the following:

- 1. Submission of this completed exemption request form.**
- 2. Submission of the Personal Statement form.**
- 3. Submission of the Religious Organization Statement form, completed by your religious leader.**

Religious exemptions are subject to annual renewal, or at such time when BMCHS determines at its discretion that exemptions should be renewed.

Individuals with an approved exemption will be required to wear a mask at all times while on the BMCHS campus and may be required to comply with additional testing and other preventive requirements as deemed necessary by BMCHS based on local and regional circumstances.

While BMCHS will carefully review all requests for medical exemptions, approval is not guaranteed. Exemption decisions will be communicated via email and through the Working Well Employee Health Portal with a copy to your manager. Decisions are final and not subject to appeal. Individuals whose requests have been denied will be required to be vaccinated or will not be able to continue employment at BMCHS.

Religious exemption process:

- **Complete and sign the following page of this form**
- **Complete the Personal Statement form**
- **Have your religious leader complete Religious Organization Statement form**
- **Submit the completed documents through the Working Well Employee Health Portal**

Incomplete submissions will not be reviewed. Be sure all forms and documentation are submitted at one time.

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Please initial next to each of the statements below:

<i>mm</i>	I request exemption from the COVID-19 vaccination requirements due to my sincere religious beliefs. I understand and assume the risks of non-vaccination.
<i>mm</i>	I understand that as I am not vaccinated, in order to protect my own health and the health of the community, I will comply with all other BMCHS COVID-19 policies and other preventive guidance.
<i>mm</i>	Should I contract COVID-19, I will immediately report it to Working Well and comply with all isolation and quarantine procedures specified by BMCHS and local/regional health departments.
<i>mm</i>	I acknowledge that I have read the <u>CDC COVID-19 Vaccine Information page</u> . https://www.cdc.gov/coronavirus/2019-ncov/vaccines/keythingstoknow.html
<i>mm</i>	I understand and agree to comply with and abide by all BMCHS COVID-19 policies and procedures.
<i>mm</i>	I understand that the approval is provisional based on the current vaccination policy and is subject to change based on BMCHS requirements moving forward.
<i>mm</i>	I certify that the information I have provided in connection with this request is accurate and complete as of the date of this submission. I understand this exemption may be revoked and I may be subject to BMCHS disciplinary action if any of the information I provided in support of this exemption is false.

my sincerely held religious belief does not waiver based on policy change

Printed Name: Maureen Lee McCarthy

Signature: *Maureen McCarthy RN*

Date: 09-16-2021

Employee ID#: MR - ~~XXXXXX~~

BMC Email: maureen.mccarthy@bmc.org

Phone Number: (508) 331-4852



Boston Medical Center HEALTH SYSTEM

Personal Statement Form

Religious Exemption Request from COVID-19 Vaccination

Name: Maureen Lee McCarthy Employee ID: XXXXXXXXXX

BMC Email: maureen.mccarthy@bmc.org Phone Number: (508) 331 -4852

In the space below, please provide a personal written and signed statement detailing the religious basis for your vaccination objection, explaining why you are requesting this religious exemption, the religious principle(s) that guide your objections to this vaccination, and the doctrinal or religious policy basis that prohibits COVID-19 vaccination. Please attach additional documentation, if necessary.

* Exemption letter attached.

Printed Name: Maureen Lee McCarthy

Signature: Maureen McCarthy RN

Date: 09-16-2021

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HEALTH SYSTEM**

Religious Organization Statement Form

Request for Religious Exemption from COVID-19 Vaccination

Name of Observant: Maureen McCarthy

Name of Religious Organization: N/A

Religious Organization Address and Email: N/A

Name of Religious Leader and Title: N/A

Instructions for Religious Leader:

In the space below, please provide a written and signed statement describing and supporting the official basis of the observant's faith/beliefs which are contrary to the practice of vaccination or use of the COVID-19 vaccine. Please comment on whether this official religious basis for avoidance of COVID-19 vaccination applies to all members of your religion (i.e. are all members of your faith/religion prohibited or discouraged from vaccination on the same religious basis). Please attach additional documentation as necessary.

N/A

I certify that my statement above is true and accurate and that the above-named observant is a member of my religious organization in good standing and holds a sincere religious belief that is against the receipt of the COVID-19 vaccination.

Printed Name: Maureen Lee McCarthy

Signature: Maureen McCarthy

Date: 09-16-2021

Maureen McCarthy
10 Terry Lane
Bridgewater, MA 02324

September 16, 2021

To Whom It May Concern:

The purpose of this letter is to notify you that I can not accept the Covid-19 vaccine due to my sincerely held religious beliefs. I believe that receiving this vaccine would be a violation of conscience as a Christian who believes in the Bible, specifically the King James version. I feel that this vaccine would violate the principles laid out in God's word, I believe my body is a temple for the Holy Spirit. It is a God given responsibility and requirement for me to protect the physical and spiritual integrity of my body (Rev 14:9-11, 19:20).

In spite of my sincerely held religious belief, I belong to no religious organization.

I would also like to include that in having had the Covid 19 virus, I continue to have antibodies present in my system as evidenced by a Covid antibody test on 9/1/21. Thank you for your time and attention.

Sincerely,

Maureen McCarthy R.N.
Boston Medical Center
Employee 10071488