

# How to submit your COVID-19 vaccination exemption request in HR4U

Version #4

7-19-21



Please follow these instructions to submit your COVID-19 vaccination exemption request from your smartphone or computer.

## How to submit your COVID-19 vaccination exemption request

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**1. Go to the HR4U colleague portal at [hr4u.trinity-health.org](https://hr4u.trinity-health.org)**

**2. Log in with your Trinity Health credentials.**

Note that HR4U requires multi-factor authentication (MFA) to confirm your identity and protect your information when you access HR4U outside of the Trinity Health network such as on your phone. See the “cloud MFA” instructions on the [Trinity Health Remote Access Help Center](#).

**3. On the homepage, under COVID-19 Process, click on “click here” to open the exemption article.**

**4. Scroll to the bottom of the article to find the exemption request forms. Click on the appropriate form to download.**



**5. Complete the form and then take a photo of the document with your smartphone. Save it as a picture (.png, .jpg) or a .pdf file.**



**6. Scroll further on the page and click on the “COVID-19 Vaccination Exemption” link.**



**7. Select the appropriate request type from the menu.**

**COVID-19 Vaccination Exemption**  
All fields required are marked with an asterisk \*

If you are requesting an exemption from the Covid vaccination, please select the Exemption Reason (Medical or Religious) from the drop-down menu below. You will be prompted to complete additional information and submit your request for exemption approval.

**Medical**  
Medical exemptions to immunization are available to those who have medical contraindications, precautions or other medical conditions/disabilities for which a licensed physician certifies that the individual is should not receive the COVID-19 vaccine. Medical contraindications for immunizations are determined by the most Emergency Use Authorization provided by the FDA. A contraindication is a condition in a recipient that increases the risk for a serious adverse reaction. A precaution is a condition in a recipient that might increase the risk for a serious adverse reaction or that might compromise the ability of the vaccine to produce immunity. Please have your licensed physician complete the attached certification form and submit it with this application. A second opinion may be required in appropriate circumstances as determined by Trinity Health.

**Religious**  
A religious exemption to immunization may be granted as an accommodation based on an individual's sincerely held religious belief, practice or observance. Social, political, or economic philosophies, as well as personal preferences, do not constitute religiously held beliefs. Please provide a statement describing your sincere and bona fide religious belief and how the vaccination will violate this belief. Your statement should explain your religious belief, establish that it is your sincerely held religious belief, and explain in what ways receiving the vaccination conflicts with your sincerely held religious belief, practice or observance. You may attach any documents that support your statement.

Select...  
Medical  
Religious  
Select...

**8. Complete all fields. Click on the Attachment file icon to select the completed request form photo from where you saved it.**

I am requesting an exemption from the COVID-19 vaccination required by Trinity Health for business travel. I have

(a) read the information about the COVID-19 vaccines,  
(b) had an opportunity to review the guidance, and  
(c) had an opportunity to ask questions. I understand the benefits and risks of the COVID-19 vaccines. I am aware that I may be required to provide documentation to support my request for an exemption. I understand that my application will be reviewed and must be approved by Trinity Health. I understand I may be contacted and I agree to participate in providing necessary information for consideration of my request.

II: You must complete the Medical Exemption Request Form-COVID-19 form found in this article and upload it in the Attachment field below.

Attachment\*

By checking this box, I attest that the information submitted is accurate.\*

Add any additional information in the box below OR enter N.A. This is a required field.  
Once you submit your exemption request, if additional info is needed, you will see that in 'My Tasks' on the Home

- 9. Check the checkbox.**
- 10. Enter additional info in the text box or enter N.A. if no other info is needed.**
- 11. Click on Submit and the request will be processed.**
- 12. Depending on the type of exemption requested, a committee comprised of HR, Mission and/or Clinical leaders at your Health Ministry or in your region will review your submission and approve or deny your request following defined criteria. The committee will consult with you and Health Ministry leadership if necessary to obtain any additional information needed to evaluate your request.**
- 13. Go to Closed requests under My Profile in HR4U and click on the exemption request to view if your exemption request was approved or denied.**