

**REQUEST FOR RELIGIOUS EXEMPTION AND ACCOMMODATIONS RELATED
TO COVID-19 VACCINATION**

Xcell Orthopaedics (XO) is committed to providing equal employment opportunities. Upon request, XO will provide an exemption and reasonable accommodations for an employee's religious beliefs and practices which prohibit the employee from receiving a COVID-19 vaccine, provided the requested accommodation is reasonable and does not create an undue hardship for XO or pose a direct threat to the health or safety of others using or working in XO's facilities.

To request an exemption and accommodations related to the Company's COVID-19 vaccination policy, please complete this form and return it to XO. Information provided on the form will be used by XO to determine eligibility for the Exemption and the feasibility of accommodations. If an employee refuses to provide such information, the employee's refusal may impact the Company's ability to adequately understand the employee's request or identify possible accommodations.

Part 1 – To Be Completed by Employee:

Name: _____

Date of Request: _____

Please explain below why you are requesting an Exemption/Accommodation:

In some cases, the Company will need to obtain additional information and/or documentation about your religious practice(s) or belief(s). We may need to discuss the nature of your religious belief(s), practice(s) and accommodation with your religion's spiritual leader (if applicable) or religious scholars to address your request for an exception.

If requested, can you provide documentation to support your belief(s) and need for an accommodation? _____ Yes _____ No

If no, please explain why not:

Verification

I, _____, verify that the information I am submitting in support of my request for an accommodation is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I also understand that my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or to me, or if it creates an undue hardship on the Company.

Signature: _____

Date: _____

Print Name: _____