



CERTIFICATE OF RELIGIOUS EXEMPTION

Name _____ Date of Birth _____

Student/Employer I.D. Number _____

Please describe the religious principle, tenet, or belief for your request and why it precludes you from receiving vaccination for COVID.

The administration of immunizing agents conflicts with the above named student's/my religious tenets or practices. I understand that in the occurrence of an outbreak, potential epidemic or epidemic of a vaccine-preventable disease in my/my child's school, the State Health Commissioner may order my/my child's exclusion from school, for my/my child's own protection, until the danger has passed.

Signature of employee/parent/guardian/student Date

I hereby affirm that this affidavit was signed in my presence on:

This _____ Day of _____, 20 _____

In the city/county of _____, State of _____

Notary Signature

My commission expires _____