



REQUEST FOR RELIGIOUS EXEMPTION TO THE COVID-19 VACCINE FORM

Name: _____ Date of Birth: _____
ID#: _____ Grad Year: _____

A written and signed statement stating you have sincere and genuine religious beliefs which prohibit you from receiving immunizations. If you are under 18 years of age, the statement must be completed by your parent(s) or guardian. Pace may require additional supporting documentation related to the claimed religious exemption as appropriate to the circumstances.

In the area provided below, please write your statement. This statement **must** address all of the following elements (*Attach additional pages if your responses do not fit in the text field provided below*):

- Explain in your own words why you are requesting this religious exemption.
- Describe the religious principles that guide your objection to immunization. [Please note that philosophical, political, scientific, sociological or other objections to immunization (rather than sincerely held religious beliefs) do not justify an exemption.]
- Indicate whether you are opposed to all immunizations, and if not, the religious basis that prohibits particular immunizations.

I hereby affirm the truthfulness of the forgoing statement.

Signature

Date

PLEASE COMPLETE, SIGN AND UPLOAD THIS FORM TO UNIVERSITY HEALTHCARE'S SECURE PATIENT PORTAL