NOTICE OF EXEMPTION ON RELIGIOUS GROUNDS FROM

SCHOOL/WORKPLACE IMMUNIZATION LAWS AND RULES

Date: \_\_\_/\_\_\_/20\_\_\_

School or Governing Authority Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RE: Religious Exemption from Immunization Requirements

I, (Legal Name), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the undersigned, do hereby affirm that the immunizations required by (School or Governing Authority Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ are contrary to my religious tenets and practices.

On this basis, as the above referenced immunization requirements violate my right to freely exercise my religion as guaranteed by the First Amendment of the Constitution of The United States of America, the various State Constitution, and Title VII of the Civil Rights Act of 1964 as amended Nov.1 1980; Part 1605.1- Guidelines on Discrimination Because of Religion, I am asserting my rights to an

exemption from (School or Governing Authority Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

immunization requirements.

Per the U.S. Equal Employment Opportunity Commission (EEOC) which enforces Federal laws

prohibiting employment discrimination, employers MUST offer religious and disability

accommodations to vaccine requirements.

Thank you in advance,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Legal Name)

--------------------------Notarial Certificate – To be filled out by a notary public--------------------

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of \_\_\_\_\_\_\_\_\_\_\_\_

On \_\_\_\_\_\_\_\_\_\_ before me, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (here insert name and title of the officer),

personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who proved to me on the basis of satisfactory

evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and

acknowledged to me that he/she/they executed the same in his/her/their authorized

capacity, and that by his/her/their signature(s) on the instrument the person(s), or the

entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Seal