

**AFFIDAVIT OF VACCINE EXEMPTION ON RELIGIOUS GROUNDS FOR HEALTH CARE WORKERS**

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

Governing Authority Name (entity issuing mandate): \_\_\_\_\_  
Address: \_\_\_\_\_

RE: Religious Exemption from Immunization Requirements

I, (Legal Name), \_\_\_\_\_ the undersigned, do hereby swear and affirm that I am a member of a recognized religious organization, and that the immunizations required by (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, I am asserting my rights to an exemption from (Governing Authority Name) \_\_\_\_\_ immunization requirements.

I qualify for this exemption based on the following:

- 1) First Amendment of the United States Constitution
- 2) Title VII of the Civil Rights Act (*42 U.S. Code § 2000e*) prohibits discrimination against a sincerely held religious belief, practice, or observance. As enforced by the U.S. Equal Employment Opportunity Commission, Title VII requires employers to reasonably accommodate an employee's sincerely held religious belief, practice, or observance. For religious accommodation request, according to the EEOC's COVID-19 guidance, employers should ordinarily assume that an employee's request for religious accommodation is based on a sincerely held religious belief, practice, or observance.

EEOC guidance also reminds employers that the ADA prohibits employers from both disclosing that an employee is receiving a reasonable accommodation and retaliating against an employee for requesting an accommodation.

Failure to uphold 42 U.S. Code § 2000e and any attempt to coerce an individual to get the Covid-19 vaccine is a violation of federal law and may be met with legal action.

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(ies), 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)