

**AFFIDAVIT 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 swear and affirm that I am a member of a recognized religious organization, and 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, 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(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)