

**AFFIDAVIT OF EXEMPTION ON RELIGIOUS GROUNDS FROM WORKPLACE
IMMUNIZATION LAWS AND RULES**

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 First Amendment of the United States Constitution and *42 U.S. Code § 2000a - Prohibition against discrimination or segregation in places of public accommodation*, which states "All persons shall be entitled to the full and equal enjoyment of the goods, services, facilities, privileges, advantages, and accommodations of any place of public accommodation, as defined in this section, without discrimination or segregation on the ground of race, color, religion, or national origin." Failure to uphold 42 U.S. Code § 2000a may be met with legal action.

Additionally, 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)