AFFIDAVIT OF PROOF of Immunization EXEMPTION ON RELIGIOUS GROUNDS FROM EUA Inoculation Mandates

Governing Aut Address:	hority Name (b	ousiness issuing m	andate):	
RE: Religious l	Exemption fror	n Immunization R	equirements	
(Governing Au and practices. C requirements vi Amendment of exemption fron inoculation req	thority Name) On this basis, as iolate my right the Constitution (Governing Auriements as I a	s the above reference to freely exercise on of The United Southority Name) _ am immunized/va	, the undersigned do hereby swezation, and that the immunization, are contrary to my indeed EUA COVID19 inoculation my religion as guaranteed by the States of America, I am asserting coinated by virtue of the robust by natural immunity comes from	religious tenets ons/immunization ne First g my rights to an from EUA natural immunity
vaccinations. N	Iy immunizatio	on strategy exceed	y religious beliefs as I regularly s FDA and CDC mandated stan not provide immunity only <i>pro</i>	dards, which were
This also exem	pts me from an	y nasal swab EUA	A. Serology testing may be pern	nitted.
42 U.S. Code § accommodation goods, services accommodation	2000a - Prohina, which states as, facilities, prival, as defined in gion, or national	bition against disc "All persons shall rileges, advantage this section, with	amendment of the United States erimination or segregation in plants be entitled to the full and equal s, and accommodations of any pout discrimination or segregation to uphold 42 U.S. Code § 2000	laces of public I enjoyment of the place of public on on the ground of
[Signature]		[Name]	[Date]	
	Notaria	al Certificate – To	be filled out by a notary public	
State		Country		
Onappearedperson(s) whos he/she/they exe	e name(s) is/ar ecuted the same the instrument	(here, who proved to e subscribed to the in his/her/their at the person(s), or the person(s).	insert name and title of the office me on the basis of satisfactory e within instrument and acknown athorized capacity(ies), and that the entity upon behalf of which	evidence to be the related to me that the by his/her/their
I certify under I foregoing parag			the laws of the State of	that the
WITNESS my	hand and offici	al seal.		
Signature			(Seal)	
Authored by Dr.	Judy Mikovits, P	h.D.		