



REQUEST FOR RELIGIOUS EXEMPTION FROM COVID-19 VACCINATION

In order for Queen Beauty Institute to evaluate your request for religious exemption from COVID-19 vaccination, you are required to fully and accurately complete each question in this form. This form, along with any other information submitted in support of your request, will be maintained confidentially, although the school may allow certain employees and/or agents to review the information for purposes of addressing your exemption request.

The school will grant a religious exemption for the COVID-19 vaccination requirement for individuals who have sincerely held religious beliefs that preclude receiving the COVID-19 vaccination.

NAME:	D.O.B.
EMAIL:	PHONE:

Questions- Please respond to the following:

1. Please describe the sincerely held religious belief that prohibits you from receiving the COVID-19 vaccination.

2. Does this belief prohibit you from receiving all vaccinations, some vaccinations or COVID-19 vaccinations only?

All Vaccinations

Some Vaccinations

COVID-19 Vaccinations

If your religious belief prevents you from receiving only specific vaccines, please explain why:

3. Does your religious belief prohibiting you from receiving a COVID-19 vaccination derive from a recognized religion?

Yes

No

If yes, please name the religion:

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4. When did you first begin to practice the religion that prohibits you from receiving a COVID-19 vaccination?

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5. Please provide documentation that you believe will support your request for religious exemption from Queen Beauty Institute's mandatory COVID-19 vaccination policy. You are responsible for including as much detail as possible in this request form. **Without any additional documentation, this request form is void.** This documentation may include one of the following:

- a. Documentation from the leader of the religious organization to which you belong supporting your belief that your religion prevents you from getting a COVID-19 vaccination.
- b. A statement from a religious reference who is familiar with your beliefs and how they prevent you from receiving a COVID-19 vaccination.

Statement of Verification:

I verify that the above information is true and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request form will result in disciplinary action and expulsion from the school. My request for an exemption from a COVID-19 vaccination is based on my sincerely held religious beliefs. I understand that my request for a medical exemption from a COVID-19 vaccination may not be granted if it lacks information, is inconsistent or incomplete, or creates undue hardship for the school. I understand that should my medical exemption request be approved, I must comply with Queen Beauty Institute's requirements for students with religious or medical exemptions from the school's COVID-19 vaccination requirement, consistent with public health guidance. These requirements can be found in the school catalog.

NAME:	DATE:
SIGNATURE:	DATE: