

COVID 19 VACCINE RELIGIOUS EXEMPTION FORM

Name of Student: ID#	Date of Birth:
Name of Parent/Guardian (if under 18): <small>first / middle / last</small>	Primary Phone:
Patient/Parent Home Address: <small>address 1</small>	<small>address 2</small> <small>city</small> <small>state</small> <small>zip</small>
Patient/Parent Email Address:	

Religious Exemption

Explain how the COVID 19 vaccination interferes with your free exercise of your religious rights.
(Attach document)

NAME

SIGNATURE

DATE