

## COVID-19 Vaccination Religious Exemption Form

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Name: \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CCRI ID: \_\_\_\_\_  
(Please print clearly) Month Day Year

Department: \_\_\_\_\_

I have been offered a COVID-19 vaccine and provided with [information about its safety and efficacy](#), and am aware of CCRI's COVID-19 vaccination policy.

**I am being informed of the following:**

Initial \_\_\_\_\_ COVID-19 is a serious disease that has killed more than 500,000 people in the United States.

Initial \_\_\_\_\_ COVID-19 vaccination is recommended for me and for all other members of the CCRI community to protect me and other members of the campus community from COVID-19 and its complications, including serious illness and death.

Initial \_\_\_\_\_ If I am infected with COVID-19, I may spread the virus for 10-14 days without exhibiting symptoms, which may place family, friends and other community members at risk.

Initial \_\_\_\_\_ I cannot get COVID-19 from the COVID-19 vaccines.

**I acknowledge the following:**

Initial \_\_\_\_\_ CCRI must approve my exemption request and may require me to have a discussion with a CCRI representative prior to granting this exemption. The purpose of the discussion is not to assess religious beliefs, practices or observances but to review the exemption request and provide additional information as may be needed.

Initial \_\_\_\_\_ CCRI will require individuals who are not vaccinated against COVID-19 to follow additional health and safety precautions that are not required of vaccinated individuals, which may include but are not limited to:

- Regular asymptomatic testing
- Masking and social distancing
- Daily health checks
- Isolation if I test positive for COVID-19 and quarantine if I am identified as a close contact of a person who tests positive
- Restrictions on travel, and required testing and/or quarantine following travel
- Limitations of access to certain events, spaces, roles and activities

**I am requesting an exemption from COVID-19 vaccination because the vaccination would be contrary to my religious beliefs, practices or observances.**

**I understand that I can change my mind at any time and receive a COVID-19 vaccination.**

**Please provide detailed statement describing how vaccination would be contrary to your religious beliefs, practices or observances.**

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**Include a telephone number and email address below where you can be reached to schedule a discussion.**

Email address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_