

Final  
09/27/2021

**Certification of Religious Belief**

Name:

Email:

Department:

Employee ID:

Name of Appropriate Administrator:

I certify that I have a **religious belief** that prohibits me from receiving a COVID-19 vaccination.

A religious belief means:

- 1) a sincerely held religious belief, observance, or practice, which includes any traditionally recognized religion, or
- 2) beliefs, observances, or practices which an individual sincerely holds and that occupy a place of importance in that individual's life, comparable to that of traditionally recognized religions.

By signing this form, I attest that this is true and accurate. I understand that making false statements could subject me to discipline, up to and including termination.

Signature:

Date: