



Request for Religious Immunization Exemption Form-Religious Organization

Name of Student (Please Print): _____

COVID-19 vaccination is required for all St. John's University students returning to campus for the Fall 2021 semester. A student may be exempt from vaccination if that student holds genuine and sincere religious beliefs which prohibit immunization.

Religious Organization Statement Supporting Exemption from COVID-19 Vaccination: I certify that the student named above should not be vaccinated against COVID-19 because that student holds a genuine and sincere religious belief which prohibits immunization, as described herein.

Number of years the student named above has been a part of your religious organization: _____

Please provide a description of the religious principles that prohibit vaccinations:

Please describe if all immunizations/vaccinations are prohibited. If not, please describe the specific religious objections to the COVID-19 vaccination.

Date: ____/____/____

Signature of Religious Leader and Position Held: _____

Name: (print): _____

Name of Religious Organization: _____

Phone Number: _____

Address: _____

City: _____

State: _____