



COVID-19 VACCINATION
RELIGIOUS EXEMPTION REQUEST

J#: _____ Name: _____ Department: _____

To be eligible for a possible exemption, I understand that my refusal to be vaccinated must be based upon a sincere belief that is religious in nature. A refusal to be vaccinated does not qualify for an exemption if it is based upon personal preference, concerns about the possible side effects of the vaccine, or political opinions.

I understand that if this request is granted, I must abide by any reasonable accommodations provided by the University including the use of a face mask at all times and social distancing.

In the space provided below, please explain your religious belief as it pertains to your objections to the COVID-19 vaccination:

Have you, as an adult, received other vaccines against other diseases (such as the flu vaccine or a tetanus vaccine)? If so, please explain why your objection is limited to the COVID-19 vaccination:

If there are any other medicines or products that you do not use because of the religious belief underlying your objection, please identify them.



Please provide any additional information that you think may be helpful in reviewing your request.

Employee Attestation:

I certify that the above information is true and correct, and that I am applying to obtain a religious exemption from Jackson State University's federally required COVID-19 vaccination requirement.

Employee Signature: _____

Office Use Only:

Review:

Approved

Denied

Requested the following additional information on the following date:

Signature of Reviewing Official

Date