

COVID-19 Vaccine Exemption - Religious Accommodation Form

Student Information

Name:

ID Number:

Religious Exemption Information

Below are initial intake questions for you to respond to in requesting a religious accommodation. As articulated above, you may contact [vpss@olympic.edu](mailto:vpss@olympic.edu) to provide this information in a meeting or complete this form and submit it as documentation.

1. I assert that I have a sincerely held religious belief that prevents me from receiving the COVID-19 vaccine.     YES             NO
  
2. Please describe how your religious belief is sincerely held, comprehensive in nature, and prevents you from receiving the COVID-19 vaccine.

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I declare that I have read and understood the information provided in this request, and that it is true to the best of my knowledge, information, and belief.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's Signature  
(if student is under 18 years of age)

\_\_\_\_\_  
Date