COVID-19 VACCINATION EXEMPTION REQUEST FORM

Name: _____
Last First M.I.

Home Address: _____

City, State, Zip Code: _____

EXEMPTION BASIS (check one):

☐ **Reasonable accommodation due to a medical condition**

☐ **Sincerely held religious belief**

I certify, affirm, and attest to the following, under civil or criminal penalty:

1. I am over eighteen (18) years of age and competent to make this attestation OR that my parent or legal guardian is making this attestation on my behalf.

2. I understand that pursuant to Mayor's Order 2021-148, beginning January 15, 2022, all patrons aged 12 years old or older are required to show proof that they have received at least one dose of the COVID-19 vaccine before they are allowed entry into designated facilities and establishments in the District of Columbia (two doses will be required starting February 15, 2022).

3. I have a sincerely held religious belief which prevents me from receiving the COVID-19 vaccine.

4. My objections to the COVID-19 vaccine are due to my sincerely held religious belief and are NOT based on grounds of personal philosophy, preference, or inconvenience.

5. I have presented the results of a negative PCR or antigen test administered within the past 24 hours.

Signature: _____

Signature of parent or guardian (if person named above is under 18):

_____

Date: _____

FOR INTERNAL USE ONLY

Review the following:

☐ Statement by physician on letterhead
☐ Negative PCR or antigen test within 24 hours

Approved by: _____ Date _____

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