



Charles R. Drew University
of Medicine and Science
A Private University with a Public Mission

Request for Religious Exemption from Covid-19 Vaccine Religious Organization Statement Form

Name of Observant: _____

Name of Religious Organization: _____

Religious Organization Address and Email: _____

Name of Religious Leader and Title: _____

For Religious Leader:

In the space below, please provide a written and signed statement supporting the basis of the observant's faith/beliefs which are contrary to the practice of vaccination or use of the COVID19 vaccination. Please attach additional documentation, if necessary.

I certify that my statement above is true and accurate and that the above-named observant is a member of my religious organization in good standing and holds a sincere religious belief that is against the receipt of the COVID-19 vaccination.

Printed Name: _____

Signature: _____

Date: _____