



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

## Request for Religious Exemption from Covid-19 Vaccine Personal Statement Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

CDU Email Address: \_\_\_\_\_ CDU ID Number: \_\_\_\_\_

**In the space below, please provide a personal written and signed statement detailing the religious basis for your vaccination objection, explaining why you are requesting this religious exemption, the religious principle(s) that guide your objections to vaccination, and the religious basis that prohibits the COVID-19 vaccination. Please attach additional documentation, if necessary.**

I certify that my statement above is true and accurate and that I hold a sincere religious belief that is against the receipt of the COVID-19 vaccination.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_