



P.O. BOX 1500
STAUNTON, VA 24402

CERTIFICATE OF RELIGIOUS EXEMPTION

NAME	DATE OF BIRTH
FACULTY ID NUMBER	

The administration of COVID-19 vaccine conflicts with my religious tenets or practices. I understand that in the occurrence of an outbreak, potential epidemic or epidemic of a vaccine-preventable disease in my university, the university may require me to isolate or quarantine off site for my own protection until such time as I am no longer at an exposure risk.

Signature of faculty/staff.

Date

I hereby affirm that this affidavit was signed in my presence on

This _____ Day of _____

Notary Public Seal