



P.O. BOX 1500
STAUNTON, VA 24402

CERTIFICATE OF RELIGIOUS EXEMPTION

NAME	DATE OF BIRTH
STUDENT I.D. NUMBER	

The administration of COVID-19 vaccine conflicts with the above named student's/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/my student's university, the university may require my student to isolate or quarantine off site for their own protection until such time as they are no longer at an exposure risk.

Signature of parent/guardian/student

Date

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

This _____ Day of _____

Notary Public Seal