



Request for Religious Exemption

<hr/>		<hr/>		If you are an ACOM student please indicate your year:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name		Date				OMS I	OMS II	OMS III	OMS IV	Fellow
<hr/>		<hr/>								
Email		Department								
<hr/>		<hr/>								
Phone Number		Employee / Student Number		Job Title <i>(does not apply if you are an ACOM student)</i>						
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☐ COVID-19 Exemption ☐ Flu Exemption

Explain in your own words why you are requesting this exemption.

Describe the moral, ethical or religious principles that guide your objection to immunization.

Are there any specific rituals, observances or practices related to this request and your beliefs?

How long have you adhered to these beliefs?

Are you opposed to all immunizations? If not, please describe the moral, ethical or religious basis that prohibits particular immunizations.

Have you been immunized before? If so, please state when and what vaccines.

I hereby affirm the truthfulness of this statement.

SIGN HERE

Signature

Date