

ATTACHMENT: Affidavit in Support of Religious Objection to COVID-19 Vaccine

Complete online Declination **AND** attach this completed Affidavit to submission

(See COVID-19 Vaccination policy for details)

Affidavit in Support of Religious Objection to COVID-19 Vaccine

Name: _____ Date of Birth: _____ Employee ID#: _____

Email Address: _____ Phone/Pager No.: _____

Unit/Department: _____ Supervisor/Manager: _____

I, _____(employee name), do hereby attest that I am at least 18 years of age and am competent to testify to the matters stated herein.

1. I am employed as a(n) _____ (position) at _____ (UMMS or UMMS member organization).

2. I have sincerely held religious beliefs, practices, or observance that prohibits me from receiving the COVID-19 vaccine.*

3. The nature of this sincerely held religious belief, practice, or observance is as follows (please describe the reason why your religious beliefs prohibit you from receiving the COVID-19 vaccine):

I solemnly swear under the penalties of perjury and upon personal knowledge that the contents of the foregoing paper are true.

Signature: _____

Date: _____

*Social, political, or personal preferences are not sincerely held religious beliefs, practices, or observance.

PLEASE ATTACH THIS COMPLETED FORM TO YOUR RELIGIOUS DECLINATION

<p>DESIGNATED OFFICE USE ONLY:</p> <p>Religious Affidavit Reviewed on: / / Reviewing Signature:</p>
