



## RELIGIOUS EXEMPTION FROM COVID-19 VACCINATION

|               |                 |              |
|---------------|-----------------|--------------|
| Employee Name | Date of Birth   | Phone Number |
| Employer Name | Date of Request |              |

|  |      |
|--|------|
| <b>Exemption Statement</b>   |      |
| Pursuant to section 381.00317, Florida Statutes:<br><br>I hereby declare that I decline the COVID-19 vaccination because of a sincerely held religious belief, which may include a sincerely held moral or ethical belief. |      |
| Employee Signature   | Date |
| Employee Name (print)  |      |

**NOTE: An employer shall not inquire into the veracity of the employee's religious beliefs. Pursuant to section 381.00317(2), Florida Statutes, this completed exemption statement requires the employer to allow the employee to opt-out of the employer's COVID-19 vaccination mandate.**