

Sincerely Held Religious Belief, Practice, or Observance Exemption to COVID-19 Vaccination Request Form

Name

Date of Request

Email Address	Cougar ID
College Program	
Describe the nature of your sincerely held religious with the CMS COVID-19 vaccination requirement.	belief, practice, or observance that conflicts
Identify which COVID vaccinations (e.g., Pfizer, Moderna, and/or Johnson & Johnson) are contraindicated by your sincerely held religious belief, practice, or observance:	
Requester Signature	Date