

BAYLOR UNIVERSITY
Practicum/Internship Attestation for Affiliate Agency
COVID-19 Vaccine Religious Exception Form

Request For: COVID 19 VACCINE RELIGIOUS EXCEPTION

Name of Student: ID#		Date of Birth:	
Name of Parent/Guardian (if under 18): first/middle/last		Primary Phone:	
Patient/Parent Home Address: address 1	address 2	city	state zip
Patient/Parent Email Address:			

By signing this form, I hereby certify that taking any form of any COVID-19 vaccine, as produced by any manufacturer, is contrary to my sincerely held religious belief, practice, and/or observance. As such, by this form I am requesting a religious exception to the requirement of attaining the COVID-19 vaccine to participate in a practicum/internship activity.

I understand that political or social philosophies or opinions, concerns about the possible effects of the vaccine, as well as mere personal preferences, are not religious beliefs and I certify that any such matters are not the basis for this request for religious accommodation. I will immediately notify Baylor University if my conscience changes such that this religious exception is no longer requested.

I understand that even if this request for an exception is granted, that I may be required to comply with alternative health and safety protocols as established by the external affiliated agency hosting my internship. I also understand that an external affiliated agency is not required to accept a religious exception granted by Baylor University.

Explain how the COVID 19 vaccination interferes with your free exercise of your religious rights. (Attach document)

NAME

SIGNATURE

DATE