

NOTARIZED AFFIDAVIT
OF RELIGIOUS BELIEF (Adult)

An adult may exempt from the COVID-19 Vaccination Policy by submitting this completed form to Delaware State University (University). A person who has been exempted from a vaccination is considered at risk for the disease or diseases for which the vaccination offers protection.

STATE OF _____

_____ COUNTY

1. I, _____ (insert name), hereby swear/affirm (circle one) that I subscribe to a belief in a relation to a Supreme Being involving duties superior to those arising from any human relation.
2. I hereby swear/affirm (circle one) my belief is sincere and meaningful and occupies a place in my life parallel to that filled by the orthodox belief in God.
3. This belief is not a political, sociological or philosophical view of a merely personal moral code.
4. This belief causes me to request an exemption from the mandatory University COVID-19 vaccination policy.
5. I acknowledge that, in the event that the Division of Public Health declares that there is an outbreak of a vaccine preventable disease, or if in the estimation of the Division of Public Health, I have been or am at risk of having an exposure to a vaccine preventable disease, I shall be temporarily excluded from attendance at the University, in which case, it will be my responsibility to keep up with academic work, and I will be authorized to return to the University only upon approval by the Division of Public Health and/or Campus Health Services.
6. I acknowledge that I have been given the opportunity to receive from the University information regarding the medical benefits and risks in choosing whether to obtain the COVID-19 vaccine, and if I have not taken that opportunity, it is hereby waived.
7. I release the University, the University's Board of Trustees, and its employees from any responsibility for any impairment of my health resulting from this exemption.

Signature

SWORN TO AND SUBSCRIBED before me, a registered Notary Public, this ____ day of _____, 20__.

(Seal)

Notary Public _____

My commission expires: _____

REQUEST FOR RELIGIOUS EXEMPTION FROM COVID-19 VACCINATION

If you believe that your religious beliefs or practices conflict with Delaware State University's COVID-19 vaccination requirement and you should be exempt, please fill out this form and answer the questions below, in detail. The purpose of this form is to determine whether you may be eligible for an exemption. We may ask for additional information or request an interview to further evaluate your request.

Signing this form constitutes a declaration that the information that you provide is, to the best of your knowledge and ability, true and correct. Any intentional misrepresentation to the University may result in denial and/or disciplinary action.

Name:

Date of Birth:

DSU email:

Phone:

DSU ID:

Signature:

To be eligible for a religious exemption, you must establish that your refusal to be vaccinated is based upon a sincere belief that is religious in nature. A refusal to be vaccinated does not qualify for an exemption if it is based upon personal preference, concerns about possible side effects of the vaccine, philosophical or political opinions. Moreover, requests will be denied if you submit documentation readily available from an online source (i.e., "certificates" purchased to purport belonging to a congregation that opposes vaccination).

Explain *in your own words* why you are seeking a religious exemption, the religious principles that guide your objection to immunization, and indicate whether you are opposed to all immunizations, and if not, the religious basis on which you object to COVID-19 immunizations.

Questions

Answer each question below. Failure to answer any of these questions may result in the exemption request being denied.

1. Would complying with the COVID-19 vaccination requirement substantially burden your religious exercise? If so, please explain.

2. If the leadership of your faith supports vaccination, please explain how vaccination conflicts with your sincerely held religious beliefs, including why you do not subscribe to the position of the leadership of your faith.
3. How long have you held the religious belief underlying your objection?
4. Please describe whether, as an adult, you have received vaccines against any other diseases (such as flu vaccine or tetanus vaccine) and, if so, what vaccine you most recently received and when, to the best of your recollection.
5. If you do not have a religious objection to the use of all vaccines, please explain why your objection is limited to particular vaccines.
6. Please identify any other medicines or products that you do not use because of religious belief underlying your objection and explain how you otherwise treat conditions, illness or discomfort.
7. Please provide any additional information that you think may be helpful in reviewing your request.