



DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF
EDUCATION

School Year 2021-22

**School and Child Care Employees, Contractors, Interns and Volunteers:
COVID-19 Vaccination Religious Exemption Certificate**

Pursuant to Mayor’s Order 2021-109, effective Nov. 1, 2021, all adult employees, contractors, interns, and volunteers working in-person in a public, public charter, independent, private, or parochial school in the District of Columbia, and all adult employees, contractors, interns, and volunteers working in person in a child care facility licensed by the Office of the State Superintendent of Education, shall have received a full course of a vaccination against coronavirus (COVID-19) unless exempted. This certificate may be used to document requested exemption from this requirement based on sincerely held religious beliefs. Employees, contractors, interns, and volunteers who have received an approved religious exemption shall wear a mask in the workplace (even if the current indoor masking order is rescinded or superseded), shall be tested weekly for COVID-19 and shall provide the school or child care facility a negative COVID-19 test result on a weekly basis in order to report to work.

This certificate shall be completed annually by the employee, contractor, intern or volunteer (“the requestor”) and submitted directly to the school or child care facility requesting proof of COVID-19 vaccination or exemption.

Instructions for completing this form:

Section 1: Requestor enter personal information.

Section 2: Requestor initial, complete narrative, sign and date.

Section 3: School leader or designee, child care owner/director or designee review, approve or deny, sign and date.

Attachments: The requestor may attach additional written pages and other information to this form to support proof of sincerely held religious beliefs, such a signed letter from a religious/spiritual leader, member or person with personal knowledge from the religious organization attended by the requestor explaining the doctrine/beliefs that prohibit all immunizations and/or the COVID-19 immunization.

Section 1: Personal Information (to be completed by the requestor)

Name of School or Child Care Facility:

Full Name:

Date of Birth:

Home Street Address:

City:

ZIP Code:

Phone:

Section 2: COVID-19 Vaccine Exemption (to be completed by the requestor)

Initials:

I request to be exempt from the COVID-19 vaccine based on my sincerely held religious beliefs. I understand that if an outbreak of COVID-19 should occur, an exempt individual may be excluded from school or child care by the administrative head for a period of time as determined by the DC Department of Health based on a case-by-case analysis of public health risk.

Initials:

I understand the benefits of the COVID-19 vaccine in decreasing the risk of severe illness, hospitalization, and death. I understand and assume the risks of refusing to receive the COVID-19 vaccine based on my sincerely held religious beliefs. I know that I may alter my decision at any time and complete the required vaccination.

Initials:	I understand that individuals with an approved religious exemption must: (1) wear a mask in the workplace (even if the current indoor masking order is rescinded or superseded); (2) be tested weekly for COVID-19; and (3) provide the school or child care facility with a negative COVID-19 test result on a weekly basis in order to report to the workplace.
Initials:	I understand that this religious exemption is only valid for the 2021-22 school year. I acknowledge that I am required to submit a new request for religious exemption for any subsequent policy change or on expiration of an approved religious exemption.
Initials:	I affirm that all information provided in this request for religious exemption is true and accurate of my sincerely held religious belief.

Please provide a personal written statement on why you are seeking a religious exemption, the religious principles that guide your objection to immunization, and whether you are opposed to all immunizations, and if not, the religious basis on which you object to the COVID-19 immunization. You may attach additional documentation, if necessary, and you may provide the name and contact information for a religious/spiritual leader who can corroborate your beliefs.

Print Full Name:

Signature:

Date:

Section 3: School or Child Care Response (to be completed by the school or child care facility)

This religious exemption request shall be reviewed by the school leader, child care owner/director or a designee. After review, if the leader, owner/director or designee is unable to make a determination because of inadequate information about the nature of the sincerely held religious belief, they may request additional information from the requestor before approval or denial.

School leader or child care owner/director or designee shall select from the following. This religious exemption request is (select one):

Approved on the ground of sincerely held religious belief and no undue burden to accommodate the exemption

Denied (select all that apply):

No sincerely held religious belief

Undue burden to accommodate the exemption

Print Name of School Leader, Child Care Owner/Director or Designee:

Signature of School Leader, Child Care Owner/Director or Designee:

Date: