



DISTRICT OF COLUMBIA  
OFFICE OF THE STATE SUPERINTENDENT OF  
**EDUCATION**

**School Year 2021-22**

**Student Athletes: COVID-19 Vaccination Religious Exemption Certificate**

Pursuant to Mayor’s Order 2021-109, effective Nov. 1, 2021, no student age 12 or older shall practice, compete or otherwise participate in school-based extracurricular athletics (including both interscholastic and intramural sports), unless the student has received a full course of vaccination against coronavirus (COVID-19). This certificate may be used to document requested exemption from this requirement based on sincerely held religious beliefs. Student athletes who have received an approved religious exemption shall wear a mask in athletic events (even if the current indoor masking order is rescinded or superseded), shall be tested weekly for COVID-19 and shall provide the school a negative COVID-19 test result on a weekly basis in order to report to their school-based athletic activity.

This certificate shall be completed annually by a parent/guardian or student age 18 or older (“the requestor”) and submitted directly to the student’s enrolled school and/or school site requesting proof of COVID-19 vaccination or exemption for extracurricular athletics.

**Instructions for completing this form:**

**Section 1:** Requestor enter student information.

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

**Section 3:** School leader 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: Student Information (to be completed by the requestor)**

Name of School:

Student Name:

Date of Birth:

Grade:

Home Street Address:

City:

ZIP Code:

Phone:

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

Initials:

I request that the above-named student 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 student may be excluded from school and school activities by the school 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 student athletes with an approved religious exemption must: (1) wear a mask in athletic events (even if the current indoor masking order is rescinded or superseded); (2) be tested weekly for COVID-19; and (3) provide the school a negative COVID-19 test result on a weekly basis in order to report to their school-based extracurricular athletic activity.

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 for the above-named student, 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 Name of Parent/Guardian or Student if 18 Years Old or Older:

Signature of Parent/Guardian or Student if 18 Years Old or Older:

Date:

**Section 3: School Response (to be completed by the school)**

This religious exemption request shall be reviewed by the school leader or the designee. After review, if the school leader 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 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 or Designee:

Signature of School Leader or Designee:

Date: