



WILLIAM & MARY

CHARTERED 1693

Religious Exemption Certification Form

Employee/Student Name: _____

Banner I.D. Number: _____

The administration of the COVID-19 vaccine conflicts with my religious tenets or practices. I understand, that in the occurrence of an outbreak, potential epidemic, or epidemic of COVID-19 or its variants in the William & Mary community and/or surrounding areas, I may be excluded from campus or participating in-person activities until the danger has passed. I also understand that I may still be required to participate in infectious disease prevention measures for my own protection and that of the campus community including, but not limited to, wearing a face covering and engaging in prevalence testing.

Signature

Date

Notary Acknowledgment

State/Commonwealth of _____ County of _____

This certification was acknowledged before me this ___ day of ____, 20___ by

_____.

Notary's Signature

Notary Registration Number: _____

My Commission Expires: _____

(Seal)