



Request for COVID-19 Vaccination Religious Exemption

Note that objections to vaccination may not be based solely on grounds of personal philosophy, preference or inconvenience.

Last Name

First Name

Date of Birth

Return this request form, and any other supporting information you would like to submit as a PDF document to theyayxinstitute@gmail.com

	I sincerely affirm that vaccination is contrary to my religious beliefs, and that my objections to this vaccination are not based solely on grounds of personal philosophy, preference or inconvenience.
	I must participate in infectious disease prevention and safety measures for my own protection and that of other employees and the communities served by my Agency. Such measures include but are not limited to wearing a face mask, social distancing, hand washing or other safety protocols established in the Agency's Safety policy.
	I understand that as I am not vaccinated, in order to protect my own health and the health of the community, I will comply with assigned COVID-19 testing requirements and other preventive guidance.
	I understand that as I am not vaccinated, I will be tested weekly for COVID-19 and will have my result readily available at all times.
	In some cases, the XyayX Institute will need to obtain additional information and/or documentation about your sincerely held religious practice(s) or belief(s)
	You understand that you may be required to provide documentation to support your belief(s) and need for an accommodation.
	I understand that in the event of an outbreak or threatened outbreak, I may be temporarily excluded from in-person programs.
	My failure to follow our organization's COVID-19 safety policy measures may result in disciplinary actions.
	Should I contract COVID-19, I will <u>immediately</u> notify the our organization via theyayxinstitute@gmail.com and comply with all isolation and quarantine procedures specified by the New York City Department of Health
	I understand and agree to comply with the CDC recommendation for indoor masking by all* students (ages 2 years and older), staff, teachers, and visitors to K-12 schools, regardless of vaccination status.



	I understand that this exception is only valid for the approved period and I may need to submit a new request for any subsequent changes, new medical contraindications, or on expiration of an approved exemption.
	I understand that the XyayX Institute requires all students to be vaccinated and provide documented proof of vaccination against COVID-19 before being allowed to routinely appear in-person for the Spring 2022 academic semester.
	I sincerely affirm that vaccination is contrary to my religious beliefs, and that my objections to this vaccination are not based solely on grounds of personal philosophy, preference or inconvenience.
	I understand and accept that, notwithstanding my religious objections, I may be excluded from in-person facilities, during an epidemic, pandemic or threatened epidemic or pandemic of any disease preventable by a vaccination recommended by the New York State Department of Health.
	I certify that the information I have provided in connection with this request is accurate and complete. I understand this exception may be revoked and I may be subject to the XyayX Institute disciplinary action if any of the information I provided in support of this exemption is false.

I verify that the information I am submitting in support of my request for an exemption is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I also understand that my request for an exemption may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace, school environment, housing facilities and/or to me, or if it creates an undue hardship on the institute.

Staff/Parent Signature

Date