



## Religious Exemption from Vaccine Form

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Please select the vaccination included in the exemption:

- COVID -19
- Influenza (Flu)
- Other (please list) \_\_\_\_\_

If you have a sincerely held religious belief that prevents you from receiving the above-selected vaccine and you seek a religious exemption from The GreenMount School's vaccination requirement, you must complete this form and return it to the Head of School.

While The GreenMount School will carefully review all requests for religious exemptions, approval is not guaranteed. The School will carefully consider each request on a case-by-case basis. You will be notified, in writing, if an exemption has been granted or denied.

If approved, any exemption is only valid while the School's current vaccination policy is in effect. Moreover, approval of an exemption, if any, is provisionally based on the current vaccination policy and is subject to change based on The GreenMount School requirements moving forward.

Adults and students with an approved exemption may be required to comply with additional testing and other preventive requirements as specified in the exemption approval and as may be subsequently updated at the School's discretion.

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**ADULT OR STUDENT TO COMPLETE:**

1. Please describe the nature of your objection to the vaccination requirement.

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2. Would complying with the vaccination requirement substantially burden your religious exercise? If so, please explain how.

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3. How long have you held the religious belief underlying your objection?

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4. Please describe whether, as an adult or child, you have received any vaccines against any other diseases (such as a flu vaccine or a tetanus vaccine) and, if so, what vaccine you most recently received and when, to the best of your recollection.

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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.

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6. If there are any other medicines or products that you do not use because of the religious belief underlying your objection, please identify them.

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7. Please provide any additional information that you think may be helpful in reviewing your request.

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In some cases, the School will need to obtain additional information and/or documentation about your religious practice(s) or belief(s). We may need the certification below or to discuss the nature of your religious belief(s), practice(s), and accommodation with your religion's spiritual leader (if applicable) or religious scholars to address your request for an exemption.

You may also secure the certification below voluntarily as part of your submission regardless of whether it is subsequently requested.

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If requested, can you provide documentation to support your belief(s) and need for an accommodation? Yes \_\_\_ No \_\_\_

If no, please explain why:

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Are you attaching any supporting documentation to this request? Yes \_\_\_ No \_\_\_

I verify that the information on this form 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, which may include termination. I also understand that my request for an exemption may not be granted if it is not reasonable or if it creates an undue hardship for The GreenMount School. Furthermore, I understand and assume the risks of non-vaccination.

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Signature

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Date

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Printed Name:

**FOR RELIGIOUS/SPIRITUAL LEADER**

I am a religious/spiritual leader at

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and hereby certify that the above information provided by the Employee above, who is a member of my religious organization, is accurate and that this is a request for a religious exemption from the vaccine requirement.

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Religious Leader's Signature

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Date

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Printed Name: