



RELIGIOUS EXEMPTION FROM COVID-19 VACCINATION

Employee Name	Date of Birth	Phone Number
Employer Name	Date of Request	

Exemption Statement	
Pursuant to section 381.00317, Florida Statutes: I hereby declare that I decline the COVID-19 vaccination because of a sincerely held religious belief, which may include a sincerely held moral or ethical belief.	
Employee Signature	Date
Employee Name (print)	

NOTE: An employer shall not inquire into the veracity of the employee's religious beliefs. Pursuant to section 381.00317(2), Florida Statutes, this completed exemption statement requires the employer to allow the employee to opt-out of the employer's COVID-19 vaccination mandate.