

RELIGIOUS EXEMPTION REQUEST FORM

Full Name of Student: _____ Student's Date of Birth: _____

SJSU ID#: _____ Student's Phone Number: _____

Provide a statement that describes the applicable religious or other comparable belief that is the basis for the Exemption.

I _____ (print student name) understand that I am requesting for an exemption from COVID-19 vaccination due to religious reasons.

I agree to participate in the University's COVID-19 testing protocols based on COVID-19 Community Level data received from the Centers for Disease Control and Prevention (CDC) and will submit submit weekly PCR test results when testing is required.

I agree to review <https://www.sjsu.edu/medical/covid19/covid-testing.php> to familiarize myself with testing protocols guidance. I understand that if I fail to comply after a week's notice when testing is required, I will be subject to review and action under the Student Code of Conduct.

Student Signature: _____

Date: _____