**DECLARATION**

My name is FIRST M. LAST and I declare under penalty of perjury under the laws of the United States of America that the following is true and correct.

1. I work at EMPLOYER, located at the following location: LOCATION
2. My job includes the following duties: DESCRIBE JOB DUTIES
3. I have been told by MANAGER NAME who is an agent for my employer, that I must be vaccinated by DUE DATE TO BE VACCINATED.
4. I have been told that I must report the details of my vaccination, using the following method: PUT THE INSTRUCTIONS YOU RECEIVED ABOUT REPORTING YOUR VAX STATUS HERE.
5. When I was hired, I was not required to give details regarding my vaccination status.
6. My vaccination status is irrelevant to my job. IF APPLICABLE, ADD DETAILS ABOUT YOUR POSITION THAT MIGHT BE DIFFICULT FOR YOU TO BE REPLACED - SECURITY STATUS, EXPERIENCE, STATUS OF PROJECT, ETC.
7. I have or will object to my employer’s mandate to be vaccinated and seek or have sought an exemption from this mandate based on one or more categories, detailed on pages following post-signature: a) sincerely held Religious Belief; b) qualifying Medical Condition; c) Conscientious Objection. Instead of explaining what I told my employer, I may have substituted what I have already filed as part of my exemption request.
8. If provided an exemption, I would suggest or have suggest that reasonable accommodations would successfully offer a safe working environment that is at least as safe as the vaccination, including: DESCRIBE ACCOMMODATION, INCLUDING DAILY SELF-SCREENING, REMOTE WORKING, COVID ANTI-BODY TESTNG QUARTERLY, ETC. DO NOT LEAVE THIS BLANK!.
9. If required to be vaccinated, I have been told by EMPLOYER that I may be terminated; that termination will cause me irreparable harm by damaging my career and professional reputation and eliminating my best source of income. ADD ANY OTHER DAMAGE THAT IS NOT LISTED. (REMOVE THIS LANGUAGE IF NOTHING ADDED.)
10. Other: ADD WHATEVER YOU WANT HERE, BUT KEEP IT SANE. DELETE ALL DEFAULT LANGUAGE IN THIS FORM, INCLUDING HERE.

Executed on October 20, 2021.

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 FIRST M. LAST

**1) RELIGIOUS EXEMPTION –** based on a sincerely held religious belief that would be violated by use of any available vaccine to combat COVID-19 and variants.

I sincerely believe that I should not participate in the present COVID-19 vaccination process for the following reasons: INSERT RELIGIOUS BELIEFS HERE.

**2) MEDICAL EXEMPTION-** based on a medical condition which contraindicates the use of any available vaccines to combat COVID-19 and its known variants.

I have a medical condition which indicates that I should not take any available vaccine, as follows: DESCRIBE MEDICAL AND PHYSICAL REASONS, MENTION ALL DOCUMENTATION THAT YOU ARE ATTACHING.

**3) CONSCIENTIOUS OBJECTION EXEMPTION –** based on a firm, fixed, and sincere objection to COVID-19 vaccination by reason of training or belief, including political, sociological, or philosophical views which may warrant exemption.

I believe one or more of the following: a) I should not take any available vaccine for COVID-19; b) be required to take any available vaccine; or c) report my vaccine status to employer to avoid job loss because it violates my conscience, as follows: DESCRIBE YOUR OBJECTIONS.