

**MICA COVID-19 Vaccine Exception
Religious Exception Request Form**

Please print the following

Name: _____ Date of birth: _____

Phone number: _____ Date of request: _____

Please explain why you are requesting an exception to the MICA COVID-19 vaccination policy:

Are you attaching any supporting documentation to this request?

Yes No

In some cases, MICA will need to obtain additional information and/or documentation about your religious practices or beliefs. We may need to discuss the nature of your religious beliefs, practices, and accommodation with your religion's spiritual leader (if applicable) or religious scholars to address your request for an exception. If requested, can you provide documentation to support your beliefs and need for an accommodation?

Yes No

If no, please explain why:

I verify that the above (and/or attached) documentation is accurate, and I understand that this information is being submitted for preliminary review. I understand that my request may require additional review, and I will make good effort to comply with any attempts from MICA to understand or accommodate my request through additional communication and/or documentation.

Signature: _____ Date: _____

Print name: _____

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| OFFICE USE ONLY Approved by: _____ Approval Date: _____ |
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