

COVID-19 Vaccination and Testing
Illinois Health Care Right of Conscience Act, 745 ILCS 70 et seq.

Please complete this form if you are asserting your rights to refuse to submit to COVID-19 vaccination and/or COVID-19 testing under the *Health Care Right of Conscience Act, 745 ILCS 70, et seq.*, due to a sincerely held set of moral convictions arising from belief in and relation to God.

Employee Name: _____ Position: _____

School: _____

I certify that I decline to receive COVID-19 vaccination COVID-19 Testing due to a sincerely held set of moral convictions arising from belief in and relation to God, or which, though not so derived, arises from a place in the life of its possessor parallel to that filled by God among adherents to religious faiths.

If requesting an exemption from COVID-19 vaccination, have you previously received a vaccination of any kind?

Yes No

If requesting an exemption from COVID-19 testing, have you previously received a COVID-19 test?

Yes No

If YES to either of the above questions, please explain why you are currently requesting an exemption from COVID-19 vaccination and/or testing.

I have previously received a vaccination and/or COVID-19 test, but I am now asserting as of the date of this certification, I am exempt from COVID-19 vaccination and/or testing due to the protections afforded to me by the Health Care Right of Conscience Act.

Other:

My signature below certifies that my moral convictions are sincerely held.

Employee Signature: _____ Date: _____