



**ICNA Relief**

SHIFA CLINIC, SC

## REQUEST FORM FOR EXEMPTION FROM COVID-19 VACCINATION

**Name of Student:**

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**Date of Birth:**

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**University:**

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**Address:**

**City:**

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**State:**

**Zip Code:**

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Shifa Clinic is requiring all employees / students to provide physical proof of being fully vaccinated against COVID-19. The only exception to full COVID-19 vaccination is for medical or religious reasons.

I \_\_\_\_\_, certify that I am exempt from full COVID-19 vaccination for the following reason: (check on below and provide requested documentation)

\_\_\_\_ **Medical:**

I have attached a signed, dated statement from my primary care or medical provider, who is licensed to practice medicine or osteopathy in the United States. The statement, which must be certified under the penalty of perjury, provides that I cannot or should not receive the COVID-19 vaccination due to my medical condition(s).

\_\_\_\_ **Religious:**

I have attached a signed and dated certification, (either my own or from my religious leader) which explains that vaccinations conflict with my religious beliefs and explains why I cannot be vaccinated.

**Signature:**

**Date:**

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