**STUDENT PERSONAL OR RELIGIOUS BELIEF COVID-19 VACCINE EXEMPTION APPLICATION**

**Consistent with the October 1, 2021 announcement by the Governor directing CDPH to promulgate regulations for the vaccination mandate, including the scope of exemptions, and pending any updated direction from new regulations or new legislation, SCUSD will allow for appropriately documented Personal Belief Exemptions with the requirement of regular routine COVID-19 testing.**

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| --- | --- | --- | --- |
| **STUDENT NAME (LAST,FIRST, MIDDLE)** | **BIRTH DATE** | **TELEPHONE #** | **EMAIL ADDRESS** |
|  | 00/00/0000 | 000-000-0000 |  |
| **PARENT/GUARDIAN - NAME** | **ADDRESS:** | | |
|  | **STUDENT ID #:** | | |
| **Parent/Guardian must ensure that either section A or B is filled out completely.** | | | |
| **A. PERSONAL BELIEF:**  AUTHORIZED HEALTH CARE PRACTITIONER LICENSED IN CALIFORNIA & PARENT/GUARDIAN - FILL OUT THIS SECTION | | | |
| I am a (check one):  M.D/D.O.  Nurse Practitioner  Physician Assistant  Naturopathic Doctor | | | |
| Provision of information: I have provided the parent or guardian of the student named above, the adult who has assumed responsibility for the care and custody of the student, or the student if an emancipated minor, with information regarding 1) the benefits and risks of COVID-19 vaccine and 2) the health risks to the student and to the community of COVID-19 for which vaccine is required in SCUSD. | | | |
| **PHYSICAL SIGNATURE OF AUTHROIZED HEALTH CARE PRACTITIONER** | | **PRACTITIONER NAME, ADDRESS, TELEPHONE NUMBER:** | |
|  | |  | |
| **DATE - within 6 months before entry to child care or school** | |
| 00/00/0000 | |
|  | | | |
| **B. RELIGIOUS BELIEF:**  **Religious beliefs:** I am a member of a religion which prohibits me from seeking medical advice or treatment from authorized health care practitioners. (Signature of a health care practitioner not required in Part A.) I have registered my student for regular and routine COVID testing. | | | |
| **PHYSICAL SIGNATURE OF PARENT OR GUARDIAN** | | **DATE - within 6 months before entry to child care or school** | |
|  | | 00/00/0000 | |
| **Parent/Guardian must fill out this section completely** | | | |
| **AFFIDAVIT (must be completed)**  COVID-19 vaccination for which exemption is requested: An unimmunized student and the student's contacts at school and home are at greater risk of becoming ill with COVID-19. I understand that an unimmunized student may be excluded from attending school or child care during an outbreak of, or after exposure to COVID-19 for the protection of the student and others. I hereby request exemption of the student named above from the COVID-19 vaccine because such immunization is contrary to my beliefs and attest my student is registered for regular and routine COVID-19 testing. | | | |
| **PHYSICAL SIGNATURE OF PARENT OR GUARDIAN** | | **DATE** | |
|  | | 00/00/0000 | |
| Procedures for maintaining the confidentiality of student records shall be consistent with state and federal law. *See* Board Policy/Administrative Regulation 5121 (Student Records).  SCUSD 10/15/2021 | | | |