

**SOUTHERN CALIFORNIA UNIVERSITY OF HEALTH SCIENCES  
COVID-19 VACCINE DECLINATION FORM**

(Accommodation to COVID-19 Vaccine Mandate)

Name: \_\_\_\_\_ SCU ID#: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

- I am declining COVID-19 vaccination based on Religious Beliefs. Below is a description of my sincerely held religious belief, practice, or observance and how it conflicts with California State's COVID-19 vaccine mandate.

- I am excused from receiving any COVID-19 vaccination due to Qualified Medical Reasons. In addition to submitting this signed declination form, per the 8/5/2021 California Department of Public Health Order, I am also providing a written statement signed by a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician stating that the individual qualifies for the exemption (but the statement should not describe the underlying medical condition or disability) and indicating the probable duration of the worker's inability to receive the vaccine (or if the duration is unknown or permanent, so indicate).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_