RELIGIOUS EXEMPTION TO COVID-19 VACCINATION*

Process of requesting a religious exemption to attend the Educators Rising National Conference
1. Upload a copy of your signed attestation when registering for the conference.
2. Provide a physical copy of your signed attestation to the registration check in at conference location.
3. If you are over 18, provide one form of government or school issued photo identification which matches the name of the individual listed on the copy of the attestation.

Requirements attending the Educators Rising National Conference with a religious exemption
1. Attendees with an approved exemption must still comply with the Educators Rising Mask Mandate which requires wearing a surgical (non-cloth) mask that covers the mouth and nose when not eating or drinking; and
2. Any unvaccinated person attending the Educators Rising National Conference must submit (in addition to exemption documentation) proof of a negative COVID test (PCR or antigen) taken 24 hours prior to the registration check in at the conference location at the start of each day attending. Over-the-counter home tests are acceptable as proof of negative result. Tests will be at the participants' own expense.

*Philosophical, moral, or other non-religious objections to receiving the vaccine do not meet the standard required for a sincerely held religious belief.
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I, __________________________ (Full name) attest that I possess a sincerely held religious belief against vaccination against and to the below listed COVID-19 vaccines.

- Johnson & Johnson’s Janssen COVID-19 Vaccine
- Moderna COVID-19 Vaccine
- Pfizer BioNTech COVID-19 Vaccine
- Johnson & Johnson’s COVID-19 Vaccine

I am seeking an exemption from the COVID-19 vaccine because of the following sincerely held religious belief:*

This belief prevents me from being vaccinated and therefore, requires a religious exemption to Phi Delta Kappa International’s vaccination policy, because

__________________________________________________________________________________.

I attest that I am a member of ____________________________ (religious/faith community) at ____________________________ (religious/faith community’s mailing address, if applicable) and that I do not make this objection on moral, philosophical, or other non-religious grounds.

By signing below, I certify that the information contained in this Religious Exemption form is true and accurate, and that the request is based on a sincerely held religious belief.

Signed: _________________________   Date:____________________________

Signature of parent or guardian (if person named above is under 18):

Signed: _________________________   Date:____________________________

* Philosophical, moral, or other non-religious objections to receiving the vaccine do not meet the standard required for a sincerely held religious belief.