

# WASHINGTON STATE BAR ASSOCIATION

## RELIGIOUS EXEMPTION – Vaccinations

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|---------------|
| Date:         |
| Name (print): |
| Bar Number:   |
| Email:        |

I am requesting a religious exemption from WSBA's mandatory vaccination policy for the COVID-19 vaccine.

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| Describe the religious belief or practice that necessitates this request for an accommodation: |
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| Describe any alternate accommodations that might address your needs: |
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In some cases, WSBA may need to obtain additional information and/or documentation about your religious practice(s) or belief(s). We may need to discuss the nature of your religious belief(s), practice(s) and accommodation with your religion's spiritual leader (if applicable) or religious scholars to address your request for an exception.

If requested, can you provide documentation to support your belief(s) and need for an accommodation?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please explain why: \_\_\_\_\_

My religious beliefs and practices, which result in this request for a religious accommodation, are sincerely held. I understand that the accommodation requested above may not be granted but that the WSBA will attempt to provide a reasonable accommodation that does not create an undue hardship. I understand that WSBA may need to obtain supporting documentation regarding my religious practice and beliefs to further evaluate my request for a religious accommodation.

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