**Religious Exemption Request from the COVID-19 Vaccine**

[NAME]

[POSITION/TITLE]

[DATE]

Introduction: I understand and appreciate the [COMPANY] administration's desire to safeguard the health of its employees and patients in a manner that addresses public health concerns. I share this goal; as [POSITION/TITLE], I have worked for over four years as part of the team at [COMPANY], striving to perform excellent care for our patients.

I am concerned that the newly instituted [DATE] broad vaccination requirement conflicts with my sincerely held religious beliefs and practices. For me to be vaccinated with the currently available vaccines would be a sin against my deepest held religious beliefs.

I respectfully request an exemption to the [COMPANY] COVID-19 vaccination requirement that will allow me to practice my religion.

Under Title VII of the federal civil rights laws, an employer may not discharge or otherwise discriminate against an individual because of the individual’s religion. 42 U.S.C. § 2000e-2(a)(1). As the U.S. Supreme Court has held, this law requires an employer to seek to accommodate an employee whenever there is a conflict between a requirement of the employment and the employee’s religious beliefs, practices or observances. *Trans World Airlines, Inc. v. Hardison*, 432 U.S. 63 (1977).

Specific Religious Concerns: I am a member of [CHURCH NAME], which is a particular church in the [DENOMINATION NAME] denomination. The authoritative constitutional documents of the [DENOMINATION NAME] are founded on the Westminster Larger Catechism, codified via an Act of Parliament in 1649. I have been a member in good standing of the [DENOMINATION NAME] for 15 years.

The [DENOMINATION NAME] considers decisions regarding the refusal of any vaccination to be determined by the individual and family jurisdiction, as explained in the attached [DENOMINATION NAME] Resolution on Vaccinations, attached below. I respectfully request an exemption from the [COMPANY] COVID-19 vaccination requirement for employees based on my sincerely held religious and personal beliefs. I have expanded upon specific points (*italicized*) in the Resolution in greater detail below.

*Whereas our religion’s doctrinal statements declare it to be a sin to needlessly endanger our health (Westminster Larger Catechism 136)*.

I sincerely believe that the Bible is the ultimate authority for my life, specifically encompassing all decisions regarding health and human propriety (1 Cor 10:31). I believe that the human body is the temple of God’s Holy Spirit (1 Cor 6:19), and that whatsoever I eat, drink, or perform with my body must be foremost and solely to the glory of God (1 Cor 10:31). I believe that my body is a physical creation of God (Gen 1-3, Psalm 139:13-14, Col 1:17), and that I am answerable to God alone in exercising care and jurisdiction over the care, including prophylactic and therapeutic medical decisions, of my physical body (Mark 12:17). I believe it is a sin to place my body in danger, or to misuse my body in any manner (Eph 5:15, 1 Cor 3:16-17; 9:27, Prov 22:3, Psalm 41:1-3).

I am at exceedingly low risk of harm from the COVID-19 virus. I am 32 years old, with no medical comorbidities, a low-normal BMI, no smoking history, and a clean bill of health from my annual employee health visits. I am an athlete, with a current official 5k time of 19:55 (SarcomaStrong, 8/14/21). Current research estimates my risk of death from infection with COVID-19 at 0.0007%[[1]](#footnote-1). I am already a survivor of COVID-19, with a documented positive nasal swab in the context of symptomatic infection (March 2021), for which I was quarantined at home with no long-term sequelae.

I am at exceedingly low risk for reinfection as a COVID-19 recovered patient. Current research estimates I have an 83% risk reduction of reinfection given my natural immunity, and that if reinfected, my viral loads, duration of infection, and symptomatology will likely be significantly decreased compared to those of my index infection[[2]](#footnote-2). A recent study out of the Cleveland Clinic evaluated 2579 unvaccinated employees with prior COVID-19 infection and found zero reinfections over 5 months, suggesting no necessity of vaccination within this cohort[[3]](#footnote-3). Multiple studies echo the strength, breadth, and durability of natural immunity to reinfection with COVID-19, including variants such as the Delta Variant. An April 2021 study in The Lancet published an 84% risk reduction of reinfection in COVID-19 recovered patients[[4]](#footnote-4).

I am at increased risk of vaccine-related complications as a COVID-19 recovered patient. A growing body of research suggests significant potential health risks for recovered COVID-19 individuals who receive the COVID-19 vaccine. Risks include myocarditis and pericarditis, especially in younger, healthy male patients, and prompted an FDA update to include myo/pericarditis on the COVID-19 Fact Sheet as of June 2021[[5]](#footnote-5). Other risks include deep vein thromboses, cerebral thromboses, endothelial damage due to the spike protein (intentionally produced by the vaccines), cerebrovascular incidents, thyroiditis, antibody-dependent enhancement, and autoimmunity[[6]](#footnote-6). Current research demonstrates a heightened immune response to vaccination in COVID-19 recovered patients, likely accounting for higher prevalence of both mild and severe post-vaccination symptoms[[7]](#footnote-7). This is thought to be due to the body’s immune system being already programmed to react to the spike protein, among other aspects of COVID-19. Recovered patients have higher levels of antibodies after single or dual vaccination; there is no long-term data demonstrating the safety of these increased antibody levels[[8]](#footnote-8).

I sincerely believe that it would be a sin for me to subject my body to the risks and unknown long-term safety profile of a COVID-19 vaccine. My body is the temple of the Holy Spirit, and is mine to steward according to the dictates and for the glory of a Sovereign God. I cannot practice my religion before God with a good conscience and voluntarily receive a vaccine or therapeutic agent which I believe to be grossly dishonoring to God given my particular circumstances (1 Cor 3:16-17, 10:31). Just as I seek to glorify Him in the maintenance of physical fitness and proactive health measures, I likewise must follow the dictates of my religion in abstaining from interventions to my body which carry an unjustifiable risk.

*Whereas many Christians are concerned that some vaccines are designed, developed, manufactured, and/or tested using abortion-derived fetal cell lines*.

The COVID-19 adenovirus vaccine (J&J/Janssen) is manufactured from the fetal retinal cell line PER.C6 isolated from an aborted fetus in 1985.[[9]](#footnote-9) The Pfizer and Moderna mRNA vaccines use the HEK293A kidney cell line isolated from a fetus of undisclosed origin in 1973 in confirmatory laboratory tests.[[10]](#footnote-10) A number of COVID-19 vaccines in development use the conventional manufacturing technology of culturing the virus in mammalian cells. Many of these vaccines, and all of those in current use at Albany Medical Center, use abortion-derived fetal cell lines for manufacturing the vaccine or for testing its efficacy.

*Whereas our denomination considers all forms of deliberate abortion to be murder and to violate our most deeply held religious beliefs and requires all its members to be committed to “avoiding all occasions, temptations, and practices, which tend to the unjust taking away the life of any” and to avoid “whatsoever else tends to the destruction of the life of any” (Westminster Larger Catechism 135-136)*.

While the fetal cell lines utilized for vaccine creation or testing purposes were derived from elective abortions for reasons other than vaccine development, they are historically associated with the practice of deliberate abortion. Because of my deeply held religious beliefs, I am committed to avoiding treatment with biomedical products that are historically associated with deliberate abortion. The [DENOMINATION NAME] maintains the firm conviction that any vaccination that endangers human life or participates indirectly in or benefits from the murder of unborn children can be refused on religious grounds. Consistent with the authoritative resolutions of the [DENOMINATION NAME], and with Orthodox Christianity, I believe deliberate abortion to be a sin of the highest degree, the killing of a human life made in the image of God. To participate in abortion would be violate my deepest moral and religious principles before God. To reap the benefits of technology rooted in the killing of an innocent human life is likewise a clear and present violation of my religion. Regardless of the passage of time or culturing cycles since the original deliberate abortion, the cell lines that proceed therefrom are fundamentally bonded with that original sin of murder. I cannot, in good conscience before the God who created those aborted human lives, receive a vaccine that relied on their cells.

*Therefore, be it resolved that the [DENOMINATION NAME] maintains the firm conviction that any vaccination may be respectfully refused on religious grounds by any member of this church*. I respectfully request an exemption from the COVID-19 vaccination requirement for [COMPANY] employees based on the religious grounds described above, consistent with the religious views of my church. I have attached a letter from my pastor stating that I am a member of [CHURCH NAME], a congregation of the [DENOMINATION NAME].

*Additional religious objections: The use of new molecular technology to modify an individual’s DNA sequence fundamentally changes the personhood and genetic identity of that person as created by God.*

I sincerely believe that all human life comes from God (Gen 1-3), and that each individual is made in the image of God (Gen 1:27). We are fearfully and wonderfully made down to the finest detail (Psalm 139:13-14). God knew our substance and the sum of our physical, emotional, and spiritual being before we were born; He created the fullness of each individual according to His divine will and purpose (Jer 1:5, Col 1:16). Human DNA forms our genotype, the foundation of the expression of our phenotype. The vaccination strategy for COVID-19 employs novel molecular technology to alter our genotype to produce a protein that our bodies are not designed to produce. This differs from natural immunity, which harnesses the natural function of the body’s immune system to recognize, destroy, and form memory of an antigen. Instead, the COVID-19 vaccine alters human cellular machinery via mRNA or the use of a viral vector to cause human cells to produce the spike protein associated with COVID-19, thereby activating the human host immune system.

I believe that to alter fundamental human genotypical coding is a violation of ontology and God’s creation of every human in His divine image. To accept this intrusion upon myself would be a violation of my being as God’s creation, and a violation of my duties to God to uphold that unique personhood and the image with which He created me. I cannot in good conscience submit to this fundamental intrusion into who I am before God.

Bills Pending in the New York State Assembly [YOUR OWN STATE]. My religious exemption request is consistent with recent state bills under consideration by the NY State Assembly in response to the controversial issue of forced vaccinations.

Four bills under consideration in the NY Assembly address COVID-19 vaccination requirements.[[11]](#footnote-11) Bill 4602 would prohibit mandatory vaccination as a condition of employment.[[12]](#footnote-12) Bills 4269 and 4376 would likewise prohibit mandatory COVID-19 vaccinations.[[13]](#footnote-13) Bill 7100 would create a vaccine bill of rights that would prevent mandatory COVID-19 vaccinations in order to participate in employment or other activities. These bills under consideration by the NY Assembly demonstrate that employer-mandated COVID-19 vaccinations are controversial and a significant concern among residents of New York.[[14]](#footnote-14)

Conclusion

I respectfully request an exemption to [COMPANY]’s mandatory vaccination requirement that will allow me to practice my religion. My practice of religion will not allow me in good conscience to voluntarily submit to a novel medical treatment which has historical roots in aborted or involuntarily obtained fetal cells, and which represents an unjustified risk to the health of the physical body that God has given me the responsibility to maintain.

I appreciate the tremendous efforts of this administration to advocate for public health. I submit that my own natural immunity is scientifically proven to be of reasonably equal value to the benefits of an mRNA vaccination. As a previously infected individual, I am at a higher and unknown risk of complications from receiving a vaccine in addition to my own antibody production.

I pledge my continued collaboration to the [COMPANY] administration for purposes of maintaining the safety of our patients and co-employees. If granted an exemption, I will follow whatever masking, testing or social distancing guidelines are deemed appropriate at this time. If I am not granted a religious exemption, I must, under state and federal law, exercise every legal right in the defense of my religious and constitutional rights to be free from coerced medical intervention as a prerequisite to my continued employment.

Thank you for considering my request for a religious exemption from the COVID-19 vaccine.

s/

[NAME]  
[POSITIOIN/TITLE]

1. COVID-19 confirmed deaths in England (to 31 January 2021): report. [↑](#footnote-ref-1)
2. SARS-CoV-2 seropositivity and subsequent infection risk in healthy young adults: a prospective cohort study

   Andrew G. Letizia, Yongchao Ge, Sindhu Vangeti, Carl Goforth, Dawn L Weir, Natalia A. Kuzmina, Hua Wei Chen, Dan Ewing, Alessandra Soares-Schanoski, Mary-Catherine George, William D. Graham, Franca Jones, Preeti Bharaj, Rhonda A. Lizewski, Stephen A. Lizewski, Jan Marayag, Nada Marjanovic, Clare Miller, Sagie Mofsowitz, Venugopalan D. Nair, Edgar Nunez, Danielle M. Parent, Chad K. Porter, Ernesto Santa Ana, Megan Schilling, Daniel Stadlbauer, Victor Sugiharto, Michael Termini, Peifang Sun, Russell. P. Tracy, Florian Krammer, Alexander Bukreyev, Irene Ramos, Stuart C. Sealfon. medRxiv 2021.01.26.21250535; doi: <https://doi.org/10.1101/2021.01.26.21250535>.   
   Do antibody positive healthcare workers have lower SARS-CoV-2 infection rates than antibody negative healthcare workers? Large multi-centre prospective cohort study (the SIREN study), England: June to November 2020

   V Hall, S Foulkes, A Charlett, A Atti, EJM Monk, R Simmons, E Wellington, MJ Cole, A Saei, B Oguti, K Munro, S Wallace, PD Kirwan, M Shrotri, A Vusirikala, S Rokadiya, M Kall, M Zambon, M Ramsay, T Brooks, SIREN Study Group, CS Brown, MA Chand, S Hopkins. medRxiv 2021.01.13.21249642; doi: <https://doi.org/10.1101/2021.01.13.21249642> [↑](#footnote-ref-2)
3. Necessity of COVID-19 vaccination in previously infected individuals. Nabin K. Shrestha, Patrick C. Burke, Amy S. Nowacki, Paul Terpeluk, Steven M. Gordon. medRxiv 2021.06.01.21258176; doi: <https://doi.org/10.1101/2021.06.01.21258176> [↑](#footnote-ref-3)
4. SARS-CoV-2 infection rates of antibody-positive compared with antibody-negative health-care workers in England: a large, multicentre, prospective cohort study (SIREN). Victoria Jane Hall, Sarah Foulkes, Andre Charlett, Ana Atti, Edward J M Monk, Ruth Simmons. The Lancet, 397:10283, 1459-1469 (April 2021). [↑](#footnote-ref-4)
5. https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-june-25-2021. [↑](#footnote-ref-5)
6. SARS-CoV-2 mass vaccination: Urgent questions on vaccine safety that demand answers from international health agencies, regulatory authorities, governments and vaccine developers. Bruno, et al. https://peckford42.wordpress.com/2021/07/27/57-medical-experts-from-19-countries-call-for-halt-in-covid-vaccine-use-if-safety-systems-are-not-put-in-place/ [↑](#footnote-ref-6)
7. Robust spike antibody responses and increased reactogenicity in seropositive individuals after a single dose of SARS-CoV-2 mRNA vaccine. Florian Krammer, Komal Srivastava, the PARIS team, Viviana Simon

   medRxiv 2021.01.29.21250653; doi: <https://doi.org/10.1101/2021.01.29.21250653>. [↑](#footnote-ref-7)
8. Robust spike antibody responses and increased reactogenicity in seropositive individuals after a single dose of SARS-CoV-2 mRNA vaccine. Florian Krammer, Komal Srivastava, the PARIS team, Viviana Simon

   medRxiv 2021.01.29.21250653; doi: https://doi.org/10.1101/2021.01.29.21250653 [↑](#footnote-ref-8)
9. https://www.chop.edu/centers-programs/vaccine-education-center/vaccine-ingredients/fetal-tissues [↑](#footnote-ref-9)
10. https://lozierinstitute.org/update-covid-19-vaccine-candidates-and-abortion-derived-cell-lines/ [↑](#footnote-ref-10)
11. https://www.huschblackwell.com/newsandinsights/50-state-update-on-pending-legislation-pertaining-to-employer-mandated-vaccinations#linktojump33 [↑](#footnote-ref-11)
12. https://www.nysenate.gov/legislation/bills/2021/A4602 [↑](#footnote-ref-12)
13. https://www.nysenate.gov/legislation/bills/2021/A4269 [↑](#footnote-ref-13)
14. https://www.nysenate.gov/legislation/bills/2021/A7100 [↑](#footnote-ref-14)