**NOTICE OF VACCINE RELIGIOUS EXEMPTION**

**To whom it may concern,**

This letter serves as notification of record that the undersigned declares a personal religious exemption from pharmaceutical injections and/or forced medical interventions. Decisions regarding my medical and health issues are not to be made by anyone other than myself, a person whom I have named in a power of attorney, or in collaboration with a health or medical professional of my own choosing.

This assertion of my personal rights is non-negotiable and is summarized as follows:

"According to my own personal, sincerely held, resolute, religious belief and conscience awareness, I hereby state the following: My body is my property, and mine alone. I consider it sacred and will not allow it to be violated. I will not participate in any harmful, questionable, or forced medical intervention. I will not allow any unproven pharmaceutical injections or biological products containing potentially dangerous or deadly ingredients with unknown long term side effects to be injected into my body, or the bodies of my children, by mandate or coercion, or without my unequivocal and totally informed consent. If I want to receive any pharmaceutical injection, the decision to do so will be between me, my health care specialist (if I choose to have one), and my conscience."

**Please keep this notification in my file, if applicable.**

Sincerely,

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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