**State of South Dakota**

**COVID-19 Vaccination**

**Accommodation Notification Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, dissent and object to receiving a COVID-19

(printed name)

vaccine on religious grounds, which includes moral, ethical, and philosophical beliefs or principles.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(date)

*Send completed form to your agency’s Human Resource Specialist.*