REQUEST FOR RELIGIOUS EXCEPTION FROM VACCINATION
(including COVID-19 vaccination)
Johns Hopkins Center for Talented Youth

CTY and all Johns Hopkins entities promote diversity and an inclusive workplace for all affiliates as part of their equal opportunity commitments.

If your religious beliefs or practices conflict with CTY’s vaccination requirement(s), please complete this form and have it signed by your spiritual or religious leader.

Upload your fully completed and signed form here: https://hipaacenterfortalentedyouth.formstack.com/forms/vaccine_exception_request_submission

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Student Name: _____________________________________________________________

Parent Name: _____________________________________________________________

Parent E-mail: _____________________________________________________________

CTY Student ID: ____________________________________________________________

From which vaccine requirement(s) are you seeking a religious exemption?

☐ Full vaccination for COVID-19 and up to date with CDC-recommended booster(s).
☐ Two doses of MMR (measles, mumps, rubella) OR a titer showing immunity to all three diseases.
☐ Two doses of varicella, or verification of immunity.
☐ A tetanus booster within the last 10 years. This can be any immunization with tetanus—TT, Td, Tdap, or DTaP.
☐ Three to five doses of DTaP.
☐ One additional dose of Tdap if child has completed 7th grade or above. Students in grades 7-12 attending sites in California must have had one dose of pertussis-containing vaccine after age 7.
☐ Three or Four doses IPV/OPV (Polio), with one given after the child’s 4th birthday.
☐ Three doses of Hep B, with last dose on or after 24 weeks of age.
☐ One dose of meningococcal. Required only for students attending CTY sites in Connecticut, Maryland, New York, Pennsylvania, and Rhode Island who have completed 7th grade or above.
☐ Two doses of Hep A, with first dose after first birthday. Required only for students attending CTY sites in Rhode Island and Connecticut.

Reason for Religious Accommodation Request
Please explain why you are seeking an exception. Please be specific about how receiving the indicated vaccination is against your sincerely held religious beliefs.


Please submit this form to your Spiritual or Religious Leader for completion and signature.
Dear Spiritual or Religious Leader:

The Center for Talented Youth has vaccine requirements for its student participants. The requirements include being fully vaccinated for COVID and up to date with CDC-recommended COVID booster(s). The above-named person is requesting an exception from one or more vaccination requirements. A religious exception is allowed based upon sincerely held religious beliefs.

Please complete the form below.

Please describe the sincerely held religious practice(s) and/or belief(s) that preclude the above-named person from receiving the indicated vaccine(s).

Spiritual or Religious Leader information:

Name: ________________________________________________________________
Title: ________________________________________________________________
Organization: __________________________________________________________
Address: ______________________________________________________________
Phone Number: _________________________________________________________
Email Address: _________________________________________________________

Description of sincerely held religious practice(s) and/or belief(s) that preclude the above-named person from receiving the indicated vaccine(s):

---------------------------------------------------------------------------------------------------------------------------------

Spiritual or Religious Leader Signature: ____________________________________________
(Note: ink signature required – no digital or stamps)

Date: __________/________/________

Parents/guardians, please upload student’s completed and signed form here: https://hipaacenterfortalentedyouth.formstack.com/forms/vaccine_exception_request_submission