

COMMONWEALTH OF VIRGINIA CERTIFICATE OF RELIGIOUS EXEMPTION*

Name _____ Birth Date _____

Student I.D. Number _____

The continuous wearing of a face mask conflicts with the above named student's/my religious tenets or practices. Per State Health Commissioner Norman Oliver's "Order of Public Health Emergency Statewide Requirement To Wear Masks in K-12 Schools": "Any person who declines to wear a mask because of a medical condition or any person with a sincerely held religious objection to wearing masks in school may request a reasonable accommodation." I request a reasonable accommodation for myself and my child to only wear a face mask while on school property if we are exhibiting symptoms of illness emanating from the nose or mouth.

Signature of parent/guardian/student

Date

*Not intended to represent an official state form.

Patterned after: Form CRE-1; Rev. 00/92

https://www.vdh.virginia.gov/content/uploads/sites/11/2016/04/cre_1.pdf