



The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

REQUEST FOR RELIGIOUS EXEMPTION FROM COVID-19 VACCINATION

If you request to be exempt from the Illinois Department of Corrections' COVID-19 vaccination visitor requirement because your sincerely-held religious beliefs or practices conflict with being vaccinated for COVID-19, please provide the following information:

Please print the following information:

Name: _____

Individual(s) in custody name/ID #: _____

Current facility: _____

Please identify your religion and state the religious principles that guide your objection to immunization. Generally, this means a sincerely held set of moral convictions that arise from your belief in and relation to God, or which, though not so derived, arise from a place in your life parallel to that filled by God among individuals who adhere to religious faiths. Please include at a minimum the following information detailing why you are seeking this exemption: what tenet or belief your religion holds that prevents you from getting the Covid-19 vaccination; and whether you are opposed to all immunizations, and if not, the religious basis on which you object to COVID-19 immunizations. The more information and documentation you can provide, the better we will be able to evaluate your request. You may choose to identify the place of worship that you attend, the religious leader at that place of worship, and any religious references, websites, or articles that explain why vaccination is contrary to your religious beliefs. Please note that general philosophical reluctance to accept immunizations will not provide a sufficient basis for an exception to policy requirement. (You may attach additional written pages or other supporting materials if you so choose.)

Mission: To serve justice in Illinois and increase public safety by promoting positive change for those in custody, operating successful reentry programs, and reducing victimization.

I affirm that the above information I have provided is complete and accurate. I understand that, if granted an exemption, I must comply with the mitigation measures required of me by the Illinois Department of Corrections. Such measures include but are not limited to: providing proof of COVID testing, wearing face masks (including N95, KN95, and surgical masks) and maintaining certain physical distancing as determined by the agency. I understand that I may be required to curtail certain activities if the agency determines that participation of unvaccinated individuals presents an unreasonable risk to the facility. I understand that my request for an exemption may not be granted or may be modified or rescinded to minimize the risk to the facility. I understand that any intentional misrepresentation contained in this request may result in suspension of my visitation privileges.

Signature: _____

Date: _____

Print Name: _____

Confidentiality of Information Provided

Requests for exemptions and any documents provided will be kept confidential and shared only with those employees who have a need to know.

Please forward this correspondence to

**IDOC Legal Services
1301 Concordia Court PO Box 19277
Springfield, IL 62794
OR
DOC.VisitorRequest@Illinois.gov**

