



**GREATER DETROIT AGENCY FOR THE BLIND AND VISUALLY IMPAIRED
COVID-19 VACCINE RELIGIOUS EXEMPTION FORM**

CLIENT NAME: _____

ADDRESS: _____

CITY / STATE / ZIP: _____

EMAIL: _____

PHONE: _____

Explain how the COVID 19 vaccination interferes with your free exercise of your religious rights. (Use space below or attach document.)

X

SIGNATURE OF CLIENT OR LEGAL REPRESENTATIVE **DATE**

RETURN THIS FORM AT YOUR APPOINTMENT OR FAX TO 313-272-6893; MAIL TO GDABVI, 16625 GRAND RIVER AVE., DETROIT, MI 48227; OR EMAIL TO SERVICEFORMS@GDABVI.ORG