

# COVID-19 Vaccine Exemption Affidavit

## AFFIDAVIT OF {{name}}

I, {{name}} of {{Address}}, MAKE OATH AND SAY:

1. I was born on {{DOB}} in {{Location Birth}}.
2. I am a {{Citizenship}}.
3. I hereby request an exemption from receiving the COVID-19 vaccine, or any related vaccines, boosters or other shots related to COVID-19 and any of its variants.
4. The COVID-19 vaccine {{Reason for Vaccine Exemption}}.
5. The purpose of this Affidavit is to request a formal exemption from any mandatory or non-mandatory vaccination requirements, whether by law, health directive, provincial or state mandate, or resulting from an employer's rules, policies or orders.

I swear this Affidavit in support of my request for a COVID-19 vaccine exemption, and for no other unlawful or improper purpose.

### SWORN / DECLARED BEFORE ME AT:

City/Town of \_\_\_\_\_  
in the Province/State of \_\_\_\_\_  
on the \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
A Commissioner of Oaths / Notary Public  
in and for the Province of Ontario

\_\_\_\_\_  
{{Name}}