

# Independence Baptist Church

of Ocala, Florida

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## STATEMENT OF CHURCH DOCTRINE

Regarding SARS-CoV-2 (Covid-19) Response

[Revised September 10, 2021]

### I. Foundation and Authority

WHEREAS, Independence Baptist Church is a historic New Testament Baptist church that adheres to the fundamental doctrines of the Christian faith; including the triune nature of God, the deity and virgin birth of the Lord Jesus Christ, salvation and justification from sin through faith alone in the vicarious, atoning death of the Lord Jesus Christ on the cross of Calvary and in His bodily resurrection 3 days thereafter; we believe that the Scriptures of the Holy Bible, as faithfully preserved for English-speaking people only in the Authorized King James Version thereof, are the inerrant, infallible, and inspired Word of God, and are to be the sole authority for faith and practice in Christ's church, and:

WHEREAS, the Scriptures teach that every born-again Christian is the purchased possession of the Lord Jesus Christ in soul, spirit and body, being redeemed from all sin by His precious blood, and permanently indwelt by the Holy Spirit of God (1 Cor. 6:19-20, 7:23; 1 Pet. 1:18-19; 1 Thes. 5:23; Ac. 2:38-39), and therefore that we MUST NOT knowingly commit acts, nor ingest or allow products to be injected into our bodies that are harmful to our health; nor can we therefore surrender ourselves as servants or slaves of the state, and:

### II. Regarding the Covid-19 mRNA Vaccines

WHEREAS, the following facts have been proven regarding the Covid-19 mRNA vaccines currently in use:

1. The vaccines are proving to be extremely harmful to human health and natural immunity, having produced an extremely high number of adverse reactions and deaths, and also causing vaccinated people to be up to 13 times more likely to get infected with the new Delta variant than non-vaccinated individuals who have natural immunity resulting from prior COVID infection (see Sec. V.1 below);

2. Fetal cell lines from "aborted fetuses" (murdered unborn human infants) were used in the production of the [J/J and Astra-Zeneca](#) vaccines, and were also used for testing the Moderna and Pfizer vaccines; abortion itself being an abominable crime forbidden by multiple Scriptures (Ex. 20:13, 21:22-25; Dt. 19:10; 2 Ki. 24:4; etc.), and a crime that Christians must not profit or reap any benefit from;

3. The vaccines are not vaccines in the traditional sense, which historically induced natural immunity to certain deadened pathogens injected into the body, but instead employ experimental mRNA genome-altering technology that has (1) never been used on humans before, (2) never been successful in the past, and (3) that seeks to "reprogram" the human DNA genetic code with what [Moderna](#) (e.g.) calls its "operating system," idolatrously requiring us to trust fallen men to reverse-engineer the way Almighty God "fearfully and wonderfully" designed the cells in our bodies and immune systems to function (Ps. 139:13-16), and potentially subjecting the recipient to [claims](#) that he has become a genetically modified "transhuman" and the property of the patent holder;

4. The vaccines were rushed to the public with no long-term testing, by companies with poor safety records and histories of criminal negligence, and that submitted insufficient data to the FDA to warrant Emergency Use Authorization (EUA) approval or licensing (see V.2 below);

5. Despite the above conditions, the vaccine manufacturers have been granted immunity from any liability for injuries or deaths caused by their products via the U.S. government's [PREP Act](#); such immunity being wholly unconscionable and in violation of several Scriptures (Ex. 22:5-15; Lev. 24:19-21, Romans 13:3-4a;) and of long-standing maxims of common law and public policy;

6. The vaccines have proven to be much less effective than originally claimed, with 60% of those over age 50 who die from Covid having been “double-vaxxed” (see V.3 below) – while the illness is easily treatable in its early stages (see V.1.d below), and the survival rate of those infected with Covid-19 prior to vaccine release (EUA approval by the FDA) was around [99.74%](#); so the vaccines are also wholly unnecessary;

WE THEREFORE believe and hold, as the doctrinal position of this Church, that Christians should NOT submit to either governmental decree or societal pressure to receive any of the various Covid-19 vaccines presently available, under any circumstance or for any reason.

### III. Regarding the Wearing of Face Masks

WHEREAS, multiple scientific tests have been conducted and reports issued that have shown that (1) the Covid-19 virus does not transmit from non-symptomatic people, (2) that the wearing of facemasks is wholly ineffective in preventing the inhalation of air-borne viruses, and is only partially effective in preventing infected individuals from spreading a virus by exhaling, coughing or sneezing; and (3) that the wearing of face masks for extended periods of time is harmful to human mental and physical health, posing several medical dangers including: (a) collecting and colonizing viruses, bacteria and mold thereby increasing the risk of contracting respiratory infection; (b) inhibiting air flow into and out of the lungs, thereby lowering oxygen levels and raising CO2 levels in the blood, affecting heart and brain function, causing dizziness, drowsiness, headache, confusion, loss of consciousness, etc., (d) lower blood oxygen level also makes the SARS-CoV-2 virus more dangerous and Covid infection more severe by allowing increased cellular invasion by the virus; etc. (see Sec. V.6);

WE THEREFORE believe and hold that except for those for whom there is probable cause to suspect are currently infected with contagious Covid-19 or other flu virus, we have every right to resist or refuse the compelled wearing of facemasks in any public setting or location if we so choose, and further, we should NOT agree to wear facemasks for extended periods of time at work.

### IV. Regarding the Satanic Agenda of the Covid-19 “Pandemic”

WHEREAS, as documented below, reported Covid-19 case numbers have been grossly exaggerated by a faulty PCR test (see V.4) that was intentionally calibrated to produce false positive results, while those who did become ill early on were instructed to stay home without treatment until they required hospitalization, increasing the number of fatalities (see V.5), and while at the same time the truth regarding safe and effective alternative remedies to the alleged virus has been stifled and silenced by the United States government and its controlled MSM outlets, which instead broadcasts a constant barrage of lies and contradictory information regarding the pandemic and the effectiveness of the vaccines, all of which indicates an apparent ulterior motive and dark Satanic agenda behind the entire official Covid-19 narrative and global vaccination program;

WE THEREFORE believe and hold that any mandatory requirement enacted by the United States government or any State or instrumentality or corporation thereof, requiring the general population to be injected with any of the mRNA Covid-19 vaccines, such mandate being either a condition of employment or to freely travel, buy goods and services, or function and trade in commerce, is, if not a direct fulfillment and implementation of the prophesied “mark of the beast” (Rev. 13:16-17, 14:9-11), is at the very minimum a precursor and catalyst thereto, in effect accomplishing the same ultimate purpose of branding and enslaving those so vaccinated as the property of the State with no control over the chemicals or medical devices injected into their bodies; to which Christians CANNOT submit under any circumstance or for whatever reason.

### V. Facts and Sources in Support

1. The vaccines are proving to be harmful to human health, having produced an extremely high number of adverse reactions and deaths. Data provided by the Federal government’s own Centers for Disease Control (“CDC”) and its Vaccine Adverse Event Reporting System combined with the testimony of multiple honest doctors and pharmaceutical research professionals have proven this:

a. The Federal government’s Vaccine Adverse Event Reporting System (“[VAERS](#)”) as co-managed

by the CDC and the U.S. Dep. of Health & Human Services (HHS), monitors adverse reactions to vaccines and drugs approved by the FDA. As of its August 27, 2021 report, there have been 650,077 reports of adverse reactions to Covid-19 vaccines, 60% of which were designated as serious, including 13,911 deaths (over triple the total number of all vaccine deaths reported to VAERS over the last 22 years); 56,743 hospitalizations and 18,098 cases of permanent disability. The VAERS report of August 6, 2021, showed 4,110 cases of anaphylaxis, 3,714 Bell's Palsy, 1,272 miscarriages, 4,799 heart attacks, 3,201 myocarditis/pericarditis and) attributed to the vaccine. See: [VAERS data – most recent](#). However, according to a [Harvard study](#) submitted to the HHS, "fewer than 1% of vaccine adverse events are reported" to VAERS, so the actual numbers of adverse vaccine reactions and deaths are no doubt much higher than is being reported.

b. Dr. Robert Malone, the inventor of mRNA technology and called by some the "single most qualified" expert on mRNA vaccines, has been featured in interviews on FOX News with Tucker Carlson and others, emphasizing his position that the mRNA vaccines are actually making the Covid-19 virus more dangerous, causing a major health complication known as Antibody Dependent Enhancement (ADE), "a phenomenon in which binding of a virus to suboptimal antibodies enhances its entry into host cells, followed by its replication." Dr. Malone stated that, "ADE causes the Covid virus to become more infectious than would happen in the absence of the vaccination and it would cause the virus to replicate at higher levels than in the absence of the infection. This is the vaccinologist's worst nightmare." See:

<https://news.yahoo.com/single-most-qualified-mrna-expert-173600060.html>

<https://freedomfirstnetwork.com/2021/08/mrna-tech-inventor-dr-robert-malone-easier-for-delta-to-kill-vaccinated-than-jab-free-people>

<https://www.extremelyamerican.com/post/dr-robert-malone-on-bannon-war-room-vaccine-induced-ade-is-the-vaccinologist-s-worst-nightmare>

<https://www.lifesitenews.com/news/inventor-of-mrna-technology-removed-from-wikipedia-after-he-warned-against-taking-covid-jabs/>

c. The vaccines have been shown to cause several neuro-degenerative diseases. Independent research conducted by immunologist and former NIH scientist Dr. J. Bart Claussen MD of Claussen Immunotherapies Inc., published on February 8, 2021 in the peer-reviewed journal Microbiology & Infectious Diseases, Vol.5 Is.1, analyzed data on COVID vaccine adverse events reported to the UK's Yellow Card system and found thousands of reports of multiple symptoms that are "clear signals" of neurodegenerative prion disease caused by the vaccine, including Guillain-Barré syndrome, Parkinson's, ALS, front temporal lobar degeneration, and Alzheimer's. Classen's findings were corroborated by other researchers referenced in the report: <https://scivisionpub.com/pdfs/covid19-rna-based-vaccines-and-the-risk-of-prion-disease-1503.pdf>

d. Dr. Peter A. McCullough, M.D., former Vice Chief of Internal Medicine at Baylor University Medical Center in Dallas, current professor at Texas Christian University and University of North Texas School of Medicine, and editor-in-chief of the medical journals Reviews in Cardiovascular Medicine and Cardiorenal Medicine, is an internist, cardiologist, and epidemiologist with ABIM certification in internal medicine and cardiovascular diseases. Since the outset of the pandemic, Dr. McCullough has been by far the most published medical doctor in the medical response to the COVID-19 disaster, has authored 46 peer-reviewed publications on the SARS CoV-2 (a/k/a Covid-19) infection and has commented extensively on the medical response to the COVID-19 crisis in The Hill and on FOX NEWS Channel, also testifying in the US Senate Committee on Homeland Security and in the Texas Senate Committee on Health and Human Services, Colorado General Assembly, and New Hampshire Senate concerning many aspects of the pandemic response:

[https://en.wikipedia.org/wiki/Peter\\_A.\\_McCullough](https://en.wikipedia.org/wiki/Peter_A._McCullough)

<https://www.heartplace.com/dr-peter-a-mccullough>

Dr. McCullough has gone on public record via multiple alternative media outlets to proclaim that while at first, he was an advocate of the mRNA vaccines, after witnessing high numbers of injuries and deaths from the vaccines he now says of the vaccines, "this is far and away the most lethal, toxic, biologic agent to ever be injected into a human body in American history." <https://vimeo.com/553518199>

In a June 11, 2021 webinar/interview with German attorney Reiner Fuellmich, Dr. McCullough stated his belief that, "...we're under the application of a form of bio-terrorism that's world-wide, that appears to have been many years in the planning . . . The first wave of the bioterrorism is a respiratory virus that spread across the world, and affected relatively few people, but generated great fear . . . it was really all about keeping the population in fear and in isolation and preparing them to accept the vaccine, which appears to be phase two of a bioterrorism operation . . . Both the respiratory virus and the vaccine delivered to the human body the spike protein, the gain of function target of this bioterrorism research." McCullough said 85% of the more than 600,000 U.S. deaths could have been prevented with early treatment but instead people were told to stay home and not return to the hospital unless their symptoms got worse. By then it was too late for many.

[https://www.algora.com/Algora\\_blog/2021/06/27/dr-peter-mccullough-whistleblowers-inside-cdc-claim-injections-have-already-killed-50000-americans](https://www.algora.com/Algora_blog/2021/06/27/dr-peter-mccullough-whistleblowers-inside-cdc-claim-injections-have-already-killed-50000-americans)

Dr. McCullough also stated in that same interview that a whistle-blower inside the CDC has reported that the actual number of deaths from the vaccines as of July, 2021, were at least 4 times the number reported through VAERS – around 50,000 deaths. This fact has also been alleged and supported in a lawsuit filed by the "Front Line Doctors group in the US District Court for Northern Alabama against the FDA to reverse its Emergency Use Authorization for these vaccines: <https://renz-law.com/45k-whistleblower-suit> .

In a video interview with Dr. Al Johnson on August 20, 2021 McCullough discussed various effective methods of early treatment and again stated that "even the World Health Organization, as of June 25 [2021] says, 'no more asymptomatic testing' – there used to be people doing nasal swabs in government buildings and schools, that's gone; in fact none of these tests are FDA cleared to be used for asymptomatic testing because it doesn't spread asymptotically..."<sup>5</sup> He also confirmed that the vaccines are not at all effective against the "delta variant" of SARS-CoV2, and that in heavily vaccinated countries more than 75% of those hospitalized, and in Israel, Singapore & Iceland over 65% of those hospitalized, have been fully vaccinated. <https://www.youtube.com/watch?v=xWBC-JX6lsg> ; <https://www.lifesitenews.com/news/dr-peter-mcculloughs-5-most-important-truths-about-covid-19/>

e. Moderna's mRNA vaccine has been proven to change red blood cells from round to tubular, causing the rampant blood clot phenomena, inflamed heart epidemic and neuromuscular degenerative conditions following vaccination. <https://www.newstarget.com/2021-07-27-medical-bombshell-blood-doctor-releases-findings-showing-modernas-mrna-covid-vaccines-change-red-blood-cells.html> ;

f. Recent studies show that vaccinated people are up to 13 times more likely to get infected with the new Delta variant than non-vaccinated individuals who have natural immunity resulting from prior COVID infection – see:

<https://www.medrxiv.org/content/10.1101/2021.08.24.21262415v1.full.pdf> and:  
<https://www.scivisionpub.com/pdfs/us-covid19-vaccines-proven-to-cause-more-harm-than-good-based-on-pivotal-clinical-trial-data-analyzed-using-the-proper-scientific--1811.pdf> ;

g. Research published Aug. 25, 2021 by Dr. Bart Claussen MD (see 1.c above) in the peer-reviewed journal "Trends in Internal Medicine," proved that US COVID-19 vaccines cause more harm than good based on pivotal clinical trial data analyzed using the proper scientific endpoint, and that "all cause severe morbidity."

2. The vaccines were rushed to the public with no long-term testing, by companies with poor safety records and histories of criminal negligence, and that submitted insufficient data to the FDA to warrant Emergency Use Authorization (EUA) approval or licensing. Moderna has been trying for years to "modernize RNA" (thus the company name), but never brought ANY successful product to market. The other three manufacturers, Johnson & Johnson ("J&J"), Pfizer, and Astra Zeneca, have all paid out \$billions of dollars in lawsuit settlements and criminal fines for repeated criminal offenses and felonies including bribery of public officials, product safety violations, price gouging, advertising and marketing fraud, environmental violations and dumping of toxic waste, human rights and labor violations, and ripping off employees' pension funds. For example see: [Pfizer Corporate Rap Sheet](#) and [J&J Rap Sheet](#), along with Reason No's. 4 and 5 from this article: <https://www.deconstructingconventional.com/post/18-reason-i-won-t-be-getting-a-covid-vaccine>

Despite (1) Pfizer's horrible history, (2) the fact that its' vaccine has caused almost 264,000 serious adverse reactions including over 9,400 deaths and 12,600 cases of permanent disability, and (3) while testing of the product is not projected to be complete until May of 2023; as evidence that the FDA is not acting in the public interest, on 8/23/2021 the FDA approved for full licensing the Pfizer vaccine, now named "Comirnaty."

<https://medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=CAT&EVENTS=ON&VAX=COVID19&VAXMAN=PFIZER/BIONTECH>

<https://clinicaltrials.gov/ct2/show/NCT04368728?term=NCT04368728&draw=2&rank=1>

3. The vaccines have proven to be much less effective than originally claimed, with 60% of those over age 50 who die from Covid having been "double-vaxxed." See the chart here showing hospitalizations and deaths in the UK by age groups: <https://www.standard.co.uk/news/uk/england-delta-donald-trump-government-public-health-england-b951620.html>. See also:

<https://www.israelnationalnews.com/News/News.aspx/309762>

<https://sharylattkisson.com/2021/08/report-israel-vaccination-provides-far-less-protection-than-previous-covid-infection/>

<https://sharylattkisson.com/2021/08/covid-19-natural-immunity-compared-to-vaccine-induced-immunity-the-definitive-summary/>

<https://www.sciencemag.org/news/2021/08/grim-warning-israel-vaccination-blunts-does-not-defeat-delta>

4. The RT-PCR test that has been used to allegedly identify Covid-19 cases was never designed to diagnose the illness, can easily be manipulated to misdiagnose any illness, and has been intentionally calibrated to produce false positive results and create a global atmosphere of fear and panic:

<https://www.globalresearch.ca/covid-19-rt-pcr-how-to-mislead-all-humanity-using-a-test-to-lock-down-society/5728483>

<https://childrenshealthdefense.org/defender/who-admits-covid-pcr-test-has-a-problem/>

<https://blog.nomorefakenews.com/2021/07/29/cdc-fda-confess-they-had-no-virus-when-they-concocted-the-test-for-the-virus/>

5. From the onset of the alleged pandemic, effective remedies for early treatment of Covid-19 to avoid hospitalization and that could have drastically reduced the number of fatalities was intentionally censored and silenced by the government and controlled media. Instead, people were instructed to stay home and just treat symptoms until they had to go to the hospital; beginning in April of 2020, the only hope officially given to the public for effective remedy was the development of a vaccine. See:

<https://www.lifesitenews.com/news/eminent-doc-media-censored-covid-19-early-treatment-options-that-could-have-reduced-fatalities-by-85/>

<https://www.lifesitenews.com/news/prominent-physicians-scientists-believe-u-s-doctors-group-deserves-nobel-prize-for-finding-most-powerful-covid-19-killer-known-to-science/>

6. Regarding the wearing of face masks. Multiple tests have shown that (1) the Covid-19 virus does not transmit from non-symptomatic people, (2) that the wearing of facemasks is wholly ineffective in preventing the inhalation of air-borne viruses ( <https://www.sott.net/article/434796-The-Science-is-Conclusive-Masks-and-Respirators-do-NOT-Prevent-Transmission-of-Viruses> ); (3) is only partially effective in preventing already infected individuals from spreading a virus by exhaling, coughing or sneezing; and (4) that the wearing of face masks for extended periods of time is harmful to human mental and physical health, posing several medical dangers including, among others not listed here: (a) collecting and colonizing viruses, bacteria and mold thereby increasing the risk of contracting respiratory infection; (b) inhibiting air flow into and out of the lungs, thereby lowering oxygen levels and raising CO2 levels in the blood, affecting heart and brain function, causing dizziness, drowsiness, headache, confusion, loss of consciousness, etc., (d) lower blood oxygen level also makes the SARS-CoV-2 virus more dangerous and Covid infection more severe by allowing increased cellular invasion by the virus; etc., etc.; see:

<https://www.meehanmd.com/articles/post/173679/an-evidence-based-scientific-analysis-of-why-masks-are-ineffective-unnecessary-and-harmful>

## CHAPTER 2021-8

### Committee Substitute for Committee Substitute for Senate Bill No. 2006

An act relating to emergency management; amending s. 11.90, F.S.; authorizing the Legislative Budget Commission to convene to transfer certain funds to the Emergency Preparedness and Response Fund; amending s. 252.311, F.S.; revising legislative intent with respect to the State Emergency Management Act; amending s. 252.34, F.S.; defining terms; amending s. 252.35, F.S.; requiring that the state comprehensive emergency management plan provide for certain public health emergency communications and include the Department of Health's public health emergency plan; requiring the Division of Emergency Management to cooperate with federal and state health agencies; requiring statewide awareness and education programs to include education on public health emergency preparedness and mitigation; requiring the division to complete and maintain an inventory of personal protective equipment; directing the division to submit a specified annual report to the Governor, the Legislature, and the Chief Justice of the Supreme Court; providing limitations on the timeframe for delegation of certain authorities by the division; requiring the division to submit a specified biennial report to the Chief Justice of the Supreme Court; amending s. 252.355, F.S.; requiring the division to maintain certain information on special needs shelter options during certain public health emergencies; deleting obsolete language; amending s. 252.356, F.S.; requiring state agencies that contract with providers for the care of persons with certain disabilities or limitations to include in such contracts a procedure for providing essential services in preparation for, during, and following public health emergencies; amending s. 252.359, F.S.; redefining the term "essentials" to include personal protective equipment used during public health emergencies; amending s. 252.36, F.S.; limiting the duration of emergency orders, proclamations, and rules issued by the Governor; providing legislative intent; providing a presumption that K-12 public schools should remain open, if possible, during an extended public health emergency; providing a presumption that businesses should remain open, if possible, during an extended public health emergency; requiring the Governor to include specific reasons for closing or restricting in-person attendance at K-12 public schools and for closing or restricting operations of businesses during an extended public health emergency; requiring the Governor to provide specific reasons if such schools or businesses are closed as part of an emergency declaration; requiring the Governor to regularly review and reassess any issued emergency declarations; requiring the Governor to provide notice of declarations of emergencies to the Legislature; expanding the Legislature's authority to terminate states of emergency; requiring that all emergency declarations and orders be filed with the Division of Administrative Hearings within a specified timeframe; specifying that failure to timely file such declarations or orders

economic well-being. The term includes, but is not limited to, personal protective equipment used in the event of a public health emergency.

Section 8. Present subsections (3) through (10) of section 252.36, Florida Statutes, are redesignated as subsections (4) through (11), respectively, a new subsection (3) and subsection (12) are added to that section, and subsections (1) and (2) and paragraph (c) of present subsection (5) of that section are amended, to read:

**252.36 Emergency management powers of the Governor.—**

(1)(a) The Governor is responsible for meeting the dangers presented to this state and its people by emergencies. In the event of an emergency beyond local control, the Governor, or, in the Governor's absence, her or his successor as provided by law, may assume direct operational control over all or any part of the emergency management functions within this state, and she or he shall have the power through proper process of law to carry out the provisions of this section. The Governor is authorized to delegate such powers as she or he may deem prudent.

(b) Pursuant to the authority vested in her or him under paragraph (a), the Governor may issue executive orders, proclamations, and rules and may amend or rescind them. Such executive orders, proclamations, and rules shall have the force and effect of law. An executive order, a proclamation, or a rule must be limited to a duration of not more than 60 days and may be renewed as necessary during the duration of the emergency. If renewed, the order, proclamation, or rule must specifically state which provisions are being renewed.

(c) The Legislature intends that, during an extended public health emergency, such as the COVID-19 pandemic, there should be a presumption that K-12 public schools, to the greatest extent possible, should remain open so long as the health and safety of students and school personnel can be maintained by specific public health mitigation strategies recommended by federal or state health agencies for educational settings. The Legislature also intends that during such an event, there be a presumption that businesses should remain open to the greatest extent possible so long as the health and safety of employees and customers can be reasonably protected by specific public health mitigation strategies recommended by federal or state health agencies, including, but not limited, to the Occupational Safety and Health Administration.

1. If the Governor declares by executive order or proclamation that the emergency requires closure of or restricted in-person attendance at K-12 public schools, the executive order or proclamation must contain specific reasons for those determinations, and he or she must review and reassess the situation regularly.

2. If the Governor declares by executive order or proclamation that the emergency requires businesses to restrict their operations or close, the

executive order or proclamation must contain specific reasons for those determinations, and he or she must review and reassess the situation regularly.

(2) A state of emergency ~~must shall~~ be declared by executive order or proclamation of the Governor if she or he finds an emergency has occurred or that the occurrence or the threat thereof is imminent. The state of emergency ~~must shall~~ continue until the Governor finds that the threat or danger has been dealt with to the extent that the emergency conditions no longer exist and she or he terminates the state of emergency by executive order or proclamation, but no state of emergency may continue for longer than 60 days unless renewed by the Governor. The Legislature by concurrent resolution may terminate a state of emergency at any time. Thereupon, the Governor shall issue an executive order or proclamation ending the state of emergency. All executive orders or proclamations issued under this section ~~must shall~~ indicate the nature of the emergency, the area or areas threatened, and the conditions which have brought the emergency about or which make possible its termination. An executive order or proclamation ~~must shall~~ be promptly disseminated by means calculated to bring its contents to the attention of the general public; and, unless the circumstances attendant upon the emergency prevent or impede such filing, the order or proclamation ~~must shall~~ be filed promptly with the Department of State, the President of the Senate and the Speaker of the House of Representatives, and ~~in~~ the offices of the county commissioners in the counties to which the order or proclamation applies.

(3)(a) At any time, the Legislature, by concurrent resolution, may terminate a state of emergency or any specific order, proclamation, or rule thereunder. Upon such concurrent resolution, the Governor shall issue an executive order or proclamation consistent with the concurrent resolution.

(b) Notwithstanding s. 252.46(2), all emergency declarations and orders, regardless of how titled, issued under the authority of this part by the Governor or any agency, whether by direct, delegated, or subdelegated authority, before, during, or after a declared emergency, must be immediately filed with the Division of Administrative Hearings. Failure to file any such declaration or order with the division within 5 days after issuance voids the declaration or order. The division shall index all such declarations and orders and make them available in searchable format on its website within 3 days of filing. The searchable format must include, but is not limited to, searches by term, referenced statutes, and rules and must include a search category that specifically identifies emergency orders in effect at any given time. A link to the division's index must be placed in a conspicuous location on the Division of Emergency Management's website.

~~(6)(5)~~ In addition to any other powers conferred upon the Governor by law, she or he may:



provisions of ~~s. 252.36(6)~~ ~~s. 252.36(5)~~ to carry out any emergency actions required by a serious shortage of energy sources.

Section 17. Paragraph (c) of subsection (1) and subsection (2) of section 381.00315, Florida Statutes, are amended to read:

**381.00315 Public health advisories; public health emergencies; isolation and quarantines.—The State Health Officer is responsible for declaring public health emergencies, issuing public health advisories, and ordering isolation or quarantines.**

(1) As used in this section, the term:

(c) “Public health emergency” means any occurrence, or threat thereof, whether natural or manmade, which results or may result in substantial injury or harm to the public health from infectious disease, chemical agents, nuclear agents, biological toxins, or situations involving mass casualties or natural disasters.

(2)(a) The department shall prepare and maintain a state public health emergency management plan to serve as a comprehensive guide to public health emergency response in this state. The department shall develop the plan in collaboration with the Division of Emergency Management, other executive agencies with functions relevant to public health emergencies, district medical examiners, and national and state public health experts and ensure that it integrates and coordinates with the public health emergency management plans and programs of the Federal Government. The plan must address each element of public health emergency planning and incorporate public health and epidemiological best practices to ensure that the state is prepared for every foreseeable public health emergency. The plan must include an assessment of state and local public health infrastructure, including information systems, physical plant, commodities, and human resources, and an analysis of the infrastructure necessary to achieve the level of readiness proposed by the plan for short-term and long-term public emergencies. Beginning July 1, 2022, the department shall submit the plan to the Division of Emergency Management for inclusion in the state comprehensive emergency management plan pursuant to s. 252.35. The department shall review the plan after the declared end of each public health emergency, and, in any event, at least every 5 years, and update its terms as necessary to ensure continuous planning.

(b) Before declaring a public health emergency, the State Health Officer shall, to the extent possible, consult with the Governor and shall notify the Chief of Domestic Security. The declaration of a public health emergency shall continue until the State Health Officer finds that the threat or danger has been dealt with to the extent that the emergency conditions no longer exist and he or she terminates the declaration. However, a declaration of a public health emergency may not continue for longer than 60 days unless the Governor concurs in the renewal of the declaration.

(c) The State Health Officer, upon declaration of a public health emergency, shall establish by order the method and procedure for identifying and reporting cases and deaths involving the infectious disease or other occurrence identified as the basis for the declared public health emergency. The method and procedure must be consistent with any standards developed by the Federal Government specific to the declared emergency or, if federal standards do not exist, must be consistent with public health best practices as identified by the State Health Officer. During the pendency of a public health emergency, the department is the sole entity responsible for the collection and official reporting and publication of cases and deaths. The State Health Officer, by order or emergency rule, may ensure necessary assistance from licensed health care providers in carrying out this function and may request the assistance of district medical examiners in performing this function.

(d) The State Health Officer, upon declaration of a public health emergency, may take actions that are necessary to protect the public health. Such actions include, but are not limited to:

1. Directing manufacturers of prescription drugs or over-the-counter drugs who are permitted under chapter 499 and wholesalers of prescription drugs located in this state who are permitted under chapter 499 to give priority to the shipping of specified drugs to pharmacies and health care providers within geographic areas ~~that have been~~ identified by the State Health Officer. The State Health Officer must identify the drugs to be shipped. Manufacturers and wholesalers located in the state must respond to the State Health Officer's priority shipping directive before shipping the specified drugs.

2. Notwithstanding chapters 465 and 499 and rules adopted thereunder, directing pharmacists employed by the department to compound bulk prescription drugs and provide these bulk prescription drugs to physicians and nurses of county health departments or any qualified person authorized by the State Health Officer for administration to persons as part of a prophylactic or treatment regimen.

3. Notwithstanding s. 456.036, temporarily reactivating the inactive license of the following health care practitioners, when such practitioners are needed to respond to the public health emergency: physicians licensed under chapter 458 or chapter 459; physician assistants licensed under chapter 458 or chapter 459; licensed practical nurses, registered nurses, and advanced practice registered nurses licensed under part I of chapter 464; respiratory therapists licensed under part V of chapter 468; and emergency medical technicians and paramedics certified under part III of chapter 401. Only those health care practitioners specified in this paragraph who possess an unencumbered inactive license and who request that such license be reactivated are eligible for reactivation. An inactive license that is reactivated under this paragraph shall return to inactive status when the public health emergency ends or before the end of the public health emergency if the State Health Officer determines that the health care

practitioner is no longer needed to provide services during the public health emergency. Such licenses may only be reactivated for a period not to exceed 90 days without meeting the requirements of s. 456.036 or chapter 401, as applicable.

4. Ordering an individual to be examined, tested, vaccinated, treated, isolated, or quarantined for communicable diseases that have significant morbidity or mortality and present a severe danger to public health. Individuals who are unable or unwilling to be examined, tested, vaccinated, or treated for reasons of health, religion, or conscience may be subjected to isolation or quarantine.

a. Examination, testing, vaccination, or treatment may be performed by any qualified person authorized by the State Health Officer.

b. If the individual poses a danger to the public health, the State Health Officer may subject the individual to isolation or quarantine. If there is no practical method to isolate or quarantine the individual, the State Health Officer may use any means necessary to vaccinate or treat the individual.

c. Any order of the State Health Officer given to effectuate this paragraph ~~is shall~~ be immediately enforceable by a law enforcement officer under s. 381.0012.

(e)(2) Individuals who assist the State Health Officer at his or her request on a volunteer basis during a public health emergency are entitled to the benefits specified in s. 110.504(2), (3), (4), and (5).

Section 18. Section 381.00316, Florida Statutes, is created to read:

381.00316 COVID-19 vaccine documentation.—

(1) A business entity, as defined in s. 768.38 to include any business operating in this state, may not require patrons or customers to provide any documentation certifying COVID-19 vaccination or post-infection recovery to gain access to, entry upon, or service from the business operations in this state. This subsection does not otherwise restrict businesses from instituting screening protocols consistent with authoritative or controlling government-issued guidance to protect public health.

(2) A governmental entity as defined in s. 768.38 may not require persons to provide any documentation certifying COVID-19 vaccination or post-infection recovery to gain access to, entry upon, or service from the governmental entity's operations in this state. This subsection does not otherwise restrict governmental entities from instituting screening protocols consistent with authoritative or controlling government-issued guidance to protect public health.

(3) An educational institution as defined in s. 768.38 may not require students or residents to provide any documentation certifying COVID-19 vaccination or post-infection recovery for attendance or enrollment, or to

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## KNOW YOUR RIGHTS: HOW TO REQUEST A RELIGIOUS ACCOMMODATION FOR COVID-19 VACCINE MANDATES IN THE WORKPLACE

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Once again, the nation finds itself wrestling with the knotty question of how to balance the rights of the individual with the security needs of the country at large.

For good or bad, COVID-19 has changed the way we navigate the world and the way in which “we the people” exercise our rights. Those hoping to navigate this interconnected and highly technological world of contact tracing, vaccine passports and digital passes will find themselves grappling with issues that touch on deep-seated moral, political, religious and personal questions for which there may be no clear-cut answers.

While the courts may increasingly defer to the government’s brand of Nanny State authoritarianism, we still have rights. The government may try to abridge those rights, it may refuse to recognize them, it may even attempt to nullify them, but it cannot litigate, legislate or forcefully eradicate them out of existence.

Among these, we have the right to bodily integrity, a right long been recognized by the U.S. Supreme Court.<sup>1</sup> More relevant to the issue of forced vaccines is the recognition by courts that there is a constitutional right to bodily integrity that gives persons the right to refuse medical treatment.<sup>2</sup>

The right to bodily integrity has been regularly recognized by the Court.

In a case involving abortion regulations, the Court pointed out that the right to obtain an abortion previously established is based not only on the right of privacy, but also the right “of personal autonomy and bodily integrity, with doctrinal affinity to cases recognizing limits on governmental power to mandate medical treatment or to bar its rejection.”<sup>3</sup> More recently, the Court referred to the right of bodily integrity as grounds for refusing to allow the police to require drunk driving arrestees to submit to blood extractions. In so deciding, the Court wrote that such conduct “involve[s] a compelled physical intrusion beneath [the arrestee’s] skin and

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<sup>1</sup> *Rochin v. California*, 342 U.S. 165, 173 (1952)

<sup>2</sup> *Cruzan v. Director, Mo. Dept. of Health*, 497 U.S. 261, 287 (1990) (O’Connor, J., concurring) (citing *Rochin*).

<sup>3</sup> *Planned Parenthood v. Casey*, 505 U.S. 833 (1992).

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into his veins to obtain a sample of his blood for use as evidence in a criminal investigation. Such an invasion of bodily integrity implicates an individual's 'most personal and deep-rooted expectations of privacy.'"<sup>4</sup>

Whether such a claim of bodily integrity would ultimately prevail in the face of compelled or forced vaccinations would depend on the courts' balancing of the individual interest versus the state interest. For example, the Court has held that the forced blood draw from a drunk driving suspect was not unreasonable, because blood draws "are commonplace in these days of periodic physical examination, and experience with them teaches that the quantity of blood extracted is minimal, and that, for most people, the procedure involves virtually no risk, trauma, or pain."<sup>5</sup>

Courts may similarly find that the intrusion on bodily integrity from a vaccination is minimal when compared with the public interest in its administration.

### Forced vaccinations.

Forced vaccinations are quickly shaping up to be the next major legal front in the COVID-19 battle between security and individual liberty. As such, bodily integrity remains a central issue in the debate over what authority the government has in compelling the public to submit to medical treatment that may run counter to their personal beliefs.

There is precedence for such concerns. For instance, in the 1905 case *Jacobson v. Massachusetts*, the United States Supreme Court addressed mandatory vaccinations in regard to smallpox.<sup>6</sup> The Court ruled that the police power of a state absolutely included reasonable regulations established by legislature to protect public health and safety. The Court reasoned that such regulations do not violate the Fourteenth Amendment right to liberty because they fall within the many restraints to which every person is necessarily subjected for the common good: real liberty for all cannot exist if each individual is allowed to act without regard to the injury that his or her actions might cause others; liberty is constrained by law. The Court went on to determine that a state may require vaccination if the board of health deems it necessary for public health or safety.<sup>7</sup>

When determining the legality of a statute enacted to protect public health and safety, the Court found it immaterial that a portion of the medical community thought the vaccination worthless or even injurious. The state has the right to choose between opposing medical theories and to refer

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<sup>4</sup> *Missouri v. McNeely*, 569 U.S. 141, 148 (2013). See also *Winston v. Lee*, 470 U.S. 753 (1985) (recognizing right to bodily integrity, but holding that state interest allowed requiring person to submit to surgery to retrieve evidence of crime) and *Sell v. United States*, 539 U.S. 166 (2003) (recognizing liberty interest to refuse to receive anti-psychotic drugs, but finding sufficient state interest to override that interest).

<sup>5</sup> *Schmerber v. California*, 384 U.S. 757, 771 (1966).

<sup>6</sup> *Jacobson v Massachusetts*, 197 U.S. 11 (1905).

<sup>7</sup> *Jacobson v Massachusetts*, 197 U.S. 11, 25-27 (1905).

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the matter to a board composed of persons residing in the affected location who are qualified to make a determination.

The courts do not become involved in legislation formed under the state's police power as long as it relates substantially to public health, morals, or safety and is not a plain, palpable invasion of rights secured by fundamental law.<sup>8</sup> It is immaterial whether or not the vaccine is actually effective, so long as it is the belief of state authorities that the mandatory vaccine will promote common welfare and is a reasonable and proper exercise of the police power.<sup>9</sup>

The Court has not revisited or altered the *Jacobson* ruling in any meaningful way since it was issued over 100 years ago. The Court reasoned it could not allow individuals to refuse vaccination while remaining within the general population because this would strip the legislative branch of its authority to care for the public health and safety when threatened by epidemic disease. The only exception to a mandatory vaccination is an offer of apparent or reasonably certain proof to the state's board of health that the vaccination would seriously impair an individual's health or probably cause death.<sup>10</sup>

All 50 states and the District of Columbia now require children receive diphtheria, tetanus, pertussis, polio, measles, rubella, and varicella vaccinations before attending public school, and all also offer a variety of vaccine exemptions for medical, religious, and philosophical reasons. Only 11 states can override these exemptions in an outbreak.

The authority for these requirements has also been upheld by the Supreme Court in a case where officials excluded a student from a public school because she refused to submit to vaccinations.<sup>11</sup> She also was barred from attending private school under ordinances providing that no child or other person shall attend a public school or other place of education without having first presented a certificate of vaccination. The trial court sustained the officials' demurrer and dismissed the bill. In upholding the officials' actions, the Supreme Court held that the ordinances conferred no arbitrary power to the administering officials, but only the broad discretion required for the protection of the public health.

That said, although the courts have upheld vaccine requirements and the imposition of sanctions for a refusal to receive, there is no indication that the courts have upheld the forced administration of vaccines upon a person.

### Compelled vaccinations.

Those in positions of power and authority have already sought to leverage that power to coerce members of the public to receive COVID-19 vaccinations. Daily, growing numbers of public and

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<sup>8</sup> *McDaniel v. Paty*, 435 US 618, 698 (1978).

<sup>9</sup> *Jacobson v Massachusetts*, 197 U.S. 1, 38 (1905).

<sup>10</sup> *Jacobson v. Massachusetts*, 197 U.S. 1, 38 (1905).

<sup>11</sup> *Zucht v. King*, 260 U.S. 174 (1922).

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private employers are requiring employees to be vaccinated against COVID-19 and using the threat of termination to force acceptance of the vaccine.<sup>12</sup>

Unfortunately, legal protections in this area are limited.

While the Americans with Disabilities Act protects those who can prove they have medical conditions that make receiving a vaccination dangerous, employees must be able to prove they have a sensitivity to vaccines.

The requirement established by Title VII of the Civil Rights Act of 1964 that employers provide religious accommodations may be invoked by employees who have sincere religious beliefs against receiving vaccinations. But an employer's duty of accommodation is not absolute, and if it can show that accommodating the worker's objections to vaccinations will interfere with its operations or workplace safety, the employee may face the choice between keeping her job or violating her religious beliefs.<sup>13</sup>

### Protocols for requesting religious accommodation in the workplace.

Title VII of the Civil Rights Act of 1964 prohibits employment discrimination based on religion.<sup>14</sup> Title VII further defines religion broadly to include not only beliefs, but also religious practices and observances. As a result, the federal employment discrimination law forbids discharging an employee because the employee chooses to engage in certain conduct, or not engage in certain conduct, that is a part of the employee's religious beliefs and practices, and holds that someone cannot be discriminated against by their employer based on their religion unless the employer cannot reasonably accommodate an employee's religious observance or practice without undue hardship on the conduct of the employer's business.<sup>15</sup>

Although there have been very few cases that have dealt specifically with Title VII's ban on employment discrimination based on religion in the context of religious objections to vaccines mandated by the employer, it appears established that if an employee holds sincerely-held religious beliefs in opposition to receiving a vaccination, an employer that has a rule requiring that vaccination must reasonably accommodate the employee's beliefs. Thus, the Equal Employment Opportunity Commission has posted guidance on this issue in relation to the COVID vaccine which provides as follows: "Once an employer is on notice that an employee's sincerely held religious belief, practice, or observance prevents the employee from getting a

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<sup>12</sup> Robin Young and Serena McMahon, Can Employers Require Workers To Get The COVID-19 Vaccine? One Expert Says It's Complicated," *WBUR* (Jan. 19, 2021), <https://www.wbur.org/hereandnow/2021/01/19/employees-vaccine-requirements>.

<sup>13</sup> "What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws," U.S. Equal Employment Opportunity Commission (Dec. 15, 2020), <https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws>.

<sup>14</sup> 42 U.S.C. § 2000e-2(a).

<sup>15</sup> 42 U.S.C. § 2000e(j).

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COVID-19 vaccine, the employer must provide a reasonable accommodation unless it would pose an undue hardship.”<sup>16</sup>

For an employee who objects to an employer’s vaccine requirement, the first step is to give notice to the employer of the religious objection to receiving the vaccine. The notice should be given to the appropriate human resources officer or supervisor that is responsible for enforcing the vaccine requirement. It should also note the following: (1) the specific vaccination mandate the religious objection relates to and when notice of that mandate was received; (2) that the employee has sincerely-held religious beliefs and/or practices that would be violated if forced to receive the vaccine; (3) then nature and basis of the religious beliefs and/or practices that conflict with the vaccination; and (4) a specific request for an accommodation of those religious beliefs as required by Title VII of the federal Civil Rights Act.

**The Rutherford Institute has provided a [form letter](#) for use in providing an employer notice of the conflict with religious beliefs and requesting an accommodation.**<sup>17</sup>

In setting forth and describing the religious beliefs that are the basis for the accommodation request, it is important to know that under the law “the definition of religion is broad and protects beliefs, practices, and observances with which the employer may be unfamiliar. Therefore, the employer should ordinarily assume that an employee’s request for religious accommodation is based on a sincerely held religious belief, practice, or observance.”<sup>18</sup> It is helpful if the description of the pertinent religious beliefs can refer to religious texts or the teachings of religious leaders as the basis for the beliefs. However, it is not necessary that the belief have been adopted as the formal doctrine or position of an established religious organization or endorsed by church hierarchy.

Religious beliefs and practices that are sincerely-held and protected by the Constitution and Title VII can be wholly personal and can even be at odds with the beliefs of others of the same faith. As the Supreme Court has held, “the guarantee of free exercise [of religion] is not limited to beliefs which are shared by all of the members of a religious sect. Particularly in this sensitive area, it is not within the judicial function and judicial competence to inquire whether [an employee] or his fellow worker more correctly perceived the commands of their common faith. Courts are not arbiters of scriptural interpretation.”<sup>19</sup>

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<sup>16</sup> What you should know about COVID-19 and the ADA, the Rehabilitation Act, and other EEO laws, U.S. Equal Employment Opportunity Commission, (Updated May 28, 2021), <https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws>.

<sup>17</sup> Model Vaccine Religious Exemption Letter, [https://www.rutherford.org/files\\_images/general/2021\\_Vaccine\\_Exemption\\_Form\\_Letter.pdf](https://www.rutherford.org/files_images/general/2021_Vaccine_Exemption_Form_Letter.pdf)

<sup>18</sup> What you should know about COVID-19 and the ADA, the Rehabilitation Act, and other EEO laws, U.S. Equal Employment Opportunity Commission, (Updated May 28, 2021), section K.12, <https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws>.

<sup>19</sup> *Thomas v. Review Bd. of the Indiana Employment Security Div.*, 450 U.S. 707 (1981).



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Once notice of the conflict with religious beliefs is given and an accommodation requested, the employer is required by law to attempt to find a reasonable accommodation, i.e., a modification of the employees work conditions, that allows the employee to continue to work without violating his or her religious beliefs. Examples of reasonable accommodations that exempt employees from vaccination requirements include (1) permitting an unvaccinated person to enter the physical workplace while wearing a facemask, working at a social distance from coworkers or nonemployees, working a modified shift, or getting periodic COVID tests, (2) telecommuting, or (3) reassignment.<sup>20</sup> Reassignment should be the last resort.<sup>21</sup>

What constitutes a reasonable accommodation will depend on all the circumstances surrounding the workplace and the employees' duties. In the healthcare worker setting, for example, teleworking might not be a real option because employees have to directly interact with patients. But the employer is required to consider and explore options for accommodating the employee, and the employee is allowed to offer suggestions as to what accommodation would be agreeable and remove the conflict with his religious beliefs.<sup>22</sup>

However, the obligation of an employer is to provide a "reasonable" accommodation, not any accommodation whatsoever. The Supreme Court has held that an employer is not required to provide a particular accommodation if it imposes an "undue hardship" on the employer and its operations.<sup>23</sup> Courts have indicated that an undue hardship consists of more than "de minimis" costs, which can entail not only monetary concerns, but also the employer's burden in conducting its business.<sup>24</sup>

A reasonable accommodation also may create an undue hardship if it causes more than a de minimis impact on co-workers.<sup>25</sup> For example, in one case a court ruled that granting a health care employee's request for no vaccination while allowing her to keep her patient care position would have been an undue hardship because it would have increased the risk of transmitting flu to the already vulnerable patient population.<sup>26</sup> And having the woman avoid only the most vulnerable patients would have been unworkable and been more than a de minimis cost.<sup>27</sup>

If an employer refuses to offer an accommodation or offers one the employee does not believe resolves the conflict with his religious beliefs, the employee can file a claim with the EEOC or

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<sup>20</sup> What you should know about COVID-19 and the ADA, the Rehabilitation Act, and other EEO laws, U.S. Equal Employment Opportunity Commission, (Updated May 28, 2021), section K.12, <https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws>.

<sup>21</sup> What you should know about COVID-19 and the ADA, the Rehabilitation Act, and other EEO laws, U.S. Equal Employment Opportunity Commission, (Updated May 28, 2021), section K.12, <https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws>.

<sup>22</sup> *Ansonia Bd. of Educ. v. Philbrook*, 479 U.S. 60 (1986).

<sup>23</sup> *Trans World Airlines, Inc. v. Hardison*, 432 U.S. 63 (1977).

<sup>24</sup> *Beadle v. City of Tampa*, 42 F.3d 633, 636 (11<sup>th</sup> Cir. 1995).

<sup>25</sup> *Harrell v. Donahue*, 638 F.3d 975, 980 (8<sup>th</sup> Cir. 2011).

<sup>26</sup> *Robinson v. Children's Hospital Boston*, 2016 WL 13337255, at \* 9 (D. Mass. 2016).

<sup>27</sup> *Robinson v. Children's Hospital Boston*, 2016 WL 13337255, at \* 9 (D. Mass. 2016) at \*10.

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an equivalent state agency charged with enforcing employment discrimination laws alleging religious discrimination by the employer. A claim should be filed promptly as there are time limits on filing such a claim. The agency is then obligated to investigate the claim and may intervene on behalf of the employee and seek to require the employer to take steps to accommodate the employee. If the agency declines to step in on behalf of the employee, it will issue a “right to sue” letter allowing the employee to bring a claim in court asserting a violation of Title VII by the employer.

With respect to filing a claim, it is important to note that the ability of an employee to proceed with a filing with the EEOC or state agency may be affected by an arbitration agreement entered into in connection with the employment.

It has been increasingly common for employers to have new or current employees sign arbitration agreements in which the employee waives the right to file employment discrimination claims with the EEOC or other agency and requires such claims to be submitted to arbitration.<sup>28</sup> Employees considering filing employment discrimination claims should review available records to determine whether they have entered into such an arbitration agreement and how its terms affect the way in which they seek to enforce any religious discrimination claim.

### Religious accommodations at colleges and universities, and in the military.

While individuals within the workplace, at colleges and universities, and in the military have a right to request and seek an exemption to vaccine mandates based on their religious beliefs, vaccine requirements imposed by colleges, universities and the U.S. military are not subject to Title VII’s religious accommodation requirement or procedures.

Thus, the process for requesting a religious accommodation to a COVID-19 vaccine mandate—and the determination of whether such a request will be granted—will vary depending on the environment and state laws. It must also be noted that, if granted, such an accommodation can and likely will also require other concessions on the part of those seeking exemptions, such as the wearing of masks and routine COVID-19 testing.

*In the case of colleges and universities*, the ability to seek and obtain an exemption based on religious beliefs will depend upon the law of the state in which the school is located and upon the policies and regulations adopted by the school. The procedure for seeking an exemption is usually established by the college/university and persons seeking such an exemption should follow the established procedure.

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<sup>28</sup> *Circuit City Stores v. Adams*, 532 U.S. 105 (2001)

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*In the case of U.S. military personnel who are required to be vaccinated against COVID-19,<sup>29</sup> it may be possible to seek an exemption from any vaccine, either temporary or permanent, for a variety of reasons including health issues or religious beliefs. For service members who have religious objections to receiving a vaccine, the path for how they might seek an exception to the vaccine is defined by their individual military service's regulations.<sup>30</sup>*

### **Defending your rights**

The Rutherford Institute stands ready to defend your rights if they are violated by the government. For 40 years, we have assisted, without charge, persons deprived of their liberty by government officials. **Should you have further questions or need legal assistance in exercising your constitutional rights, please contact the Legal Department at [legal@rutherford.org](mailto:legal@rutherford.org).**

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<sup>29</sup> Lolita C. Baldor, "COVID vaccine to be required for military under new US plan," *Associated Press* (Aug. 9, 2021), <https://apnews.com/article/coronavirus-vaccine-us-military-requirement-pentagon-3975940c732352f72e41f6e34a3a2669>.

<sup>30</sup> C. Todd Lopez, "Services Will Make Call on Religious Exemptions to COVID-19 Vaccines," *U.S. Department of Defense* (Aug. 10, 2021), <https://www.defense.gov/Explore/News/Article/Article/2726774/services-will-make-call-on-religious-exemptions-to-covid-19-vaccines/>.

## Model Letter: Requesting Religious Accommodation in the Face of COVID-19 Vaccine Workplace Mandate

Dear [Name of Human Resources Officer or other appropriate supervisor]:

On [set forth date], I and other employees of [name of employer] were notified that all employees must be fully vaccinated against COVID-19 and provide proof thereof or face termination of our employment. This letter will serve as my formal notice to [name of employer] of the following:

Receiving the COVID-19 vaccination would violate my sincerely-held religious beliefs, practices and/or observances. The following is a description of my religious beliefs that prevent me from receiving the COVID-19 vaccination: [include here a description of your religious beliefs in opposition to receiving the vaccine. If possible, include references to religious texts or statements by leaders of your religion supporting your opposition, although neither are necessary to support a sincerely-held religious belief]. Under established law, including the U.S. Constitution, the definition of religion is broad and protects beliefs, practices, and observances which may be unfamiliar, so an employer must assume that an employee's statement of objection to a vaccination requirement is based on a sincerely held religious belief, practice, or observance.

Because receiving the COVID-19 vaccination would violate my sincerely-held religious beliefs, I hereby request an accommodation of those beliefs with respect to the recently-imposed vaccination requirement. Under Title VII of the federal civil rights laws, an employer may not discharge or otherwise discriminate against an individual because of the individual's religion. 42 U.S.C. § 2000e-2(a)(1). As the U.S. Supreme Court has held, this law requires an employer to seek to accommodate an employee whenever there is a conflict between a requirement of the employment and the employee's religious beliefs, practices or observances. *Trans World Airlines, Inc. v. Hardison*, 432 U.S. 63 (1977). An accommodation that fully eliminates the conflict with my religious beliefs must be provided unless any and all accommodations would impose an undue hardship. To the extent the law of the [State or Commonwealth where employed] imposes a similar duty to accommodate the religious beliefs, practices or observances of employees, I hereby invoke any and all rights under state law as well.

Having formally notified [name of employer] of the conflict between the COVID-19 vaccination requirement and my religious beliefs, I look forward to receiving in a prompt and timely manner your decision on what accommodation you will provide. Failing that, I reserve my right to pursue legal remedies available to me with the Equal Employment Opportunity Commission or otherwise in accordance with established law.

Sincerely yours,

[Signature]

[Your name printed]