



GOVERNMENT OF GUAM  
**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES**  
*DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT*



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DOCUMENT NO. \_\_\_\_\_

**APPLICATION FOR REQUEST OF EXEMPTION FROM COVID-19  
 IMMUNIZATION BASED ON BONA FIDE RELIGIOUS BELIEFS**

**I. AFFIRMATION**

I understand that by not taking the COVID-19 immunization, I am susceptible to the COVID-19 disease.

I understand, if at any time there is a direct threat to the health and/or safety of others or of myself, I will be excluded from covered establishments, activities, and organized sports until the threat is over or until I receive the COVID-19 vaccine.

I understand that, if granted approval, this exemption is only valid for one year from the date signed by the Director of Department of Public Health and Social Services and must be renewed annually.

Nevertheless, I request an exemption from the COVID-19 immunization requirements because immunization is contrary to my bona fide religious beliefs.

I am a member of \_\_\_\_\_  
 Church or Religious Group

Name of Individual \_\_\_\_\_ DOB \_\_\_\_\_

School/Place of Employment \_\_\_\_\_

Print Name \_\_\_\_\_  
 Individual/Parent or Legal Guardian

Signature \_\_\_\_\_  
 Individual/Parent or Legal Guardian

Date \_\_\_\_\_

Name of Individual \_\_\_\_\_ DOB \_\_\_\_\_

II. JUSTIFICATION

A public health emergency was declared in the island of Guam on March 14, 2020 due to dangers posed by the COVID-19 disease. This disease has caused much suffering, hospitalizations and death to people who have contracted it. Vaccinations have proven to be highly effective in preventing individuals from contracting COVID-19, suffering from severe symptoms, as well as reducing hospitalizations and deaths. Standard public health measures hold that such protection occurs best when immunity to the diseases is reached through vaccination.

**Please attach supporting statements/documents indicating that COVID-19 vaccination is against bona fide doctrines/tenets of your religious beliefs or practices. If no documentation is provided, please explain in the space provided below.**

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**DO NOT MARK BELOW THIS LINE (FOR OFFICE USE ONLY)**

Submission of Documents: YES _____ NO _____
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IV. ACTION TAKEN

/ / APPROVED

/ / DISAPPROVED

\_\_\_\_\_  
**ARTHUR U. SAN AGUSTIN, MHR**  
Director  
Department of Public Health and Social Services

\_\_\_\_\_  
Date