

American Samoa Government

Request for Waiver of Vaccine Requirement to Enter American Samoa Based on a Sincerely Held Religious Belief, Practice, or Observance

Name of Traveler: _____

Email: _____ Phone #(s): _____

Planned Travel Date: _____ Carrier: _____

Request for waiver of the vaccine requirement to enter American Samoa based on a sincerely held religious belief, practice, or observance.

- 1. Please identify your sincerely held religious belief, practice, or observance that is the basis for your request for religious accommodation and how long you have held this.**

- 2. Please explain how your sincerely held religious belief, practice, or observance conflicts with the ASG's COVID-19 vaccine mandate for travel.**

- 3. Please describe how your sincerely held religious belief, practice, or observance has affected your receipt of other vaccines, including the measles, mumps, rubella vaccine, which is required for post-secondary school attendance in most states.**

I verify the information I am submitting in support of my request for an exemption is complete and accurate to the best of my knowledge, and I understand any intentional misrepresentation contained in this request may result in denial of entry.

Signature

Date

Scan and email the completed document to covidtravel@go.as.gov.

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AFFIDAVIT

The undersigned applicant personally appeared before the undersigned notary public and swore or affirmed as follows:

1. I, the undersigned, certify that I am over eighteen (18) years of age and competent to make this affidavit.
2. I understand that American Samoa Government (ASG) requires all arriving travelers to be vaccinated and provide documented proof of vaccination against COVID-19 as a condition of entry.
3. I understand that the ASG has determined:
 - a. that the required vaccination is necessary to prevent the spread of COVID-19;
 - b. that data evaluated by the U.S. Food and Drug Administration (FDA) as of the date of this affidavit has shown that the required vaccinations are safe and effective, and they have therefore been given full biological license or emergency use authorization by the FDA;
 - c. that a person who does not receive the required vaccination is at increased risk of contracting COVID-19; and
 - d. that a person who does not receive the required vaccination is at risk of spreading COVID-19 to me, to other travelers, and to other persons.
4. I sincerely affirm that vaccination is contrary to my religious beliefs, and that my objections to this vaccination are **not** based solely on grounds of personal philosophy, preference, or inconvenience.

I certify that the foregoing is true and correct.

This ____ day of _____, 2022.

Printed Name of Traveler (or Guardian)

Traveler Signature

Subscribed and Sworn or Affirmed to before me this ____ day of _____ 20__.

Notary Signature

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