

Request for Exemption

I, _____, declare that I am claiming an exemption
(Printed Name of Individual Claiming an Exemption)

from receiving the COVID-19 Vaccine based on the following reason (check one):

_____ A health care practitioner has provided a signed written statement that, in the health care practitioner's opinion, receiving a COVID-19 vaccine is medically contraindicated for this individual (a copy of the health care practitioner's signed written statement must be submitted to the employer with this form)

_____ A health care practitioner has provided a signed written statement that, in the health care practitioner's opinion, medical necessity requires this individual to delay receiving such vaccine (a copy of the health care practitioner's signed written statement must be submitted to the employer with this form)

_____ Receiving a COVID-19 vaccine would conflict with this individual's sincerely held religious belief, practice, or observance.

(Signature of Individual Claiming an Exemption)

(Date)

Exemption Decision

_____ Exemption Granted

_____ Exemption Denied

(Printed Name of Deciding Official)

(Signature of Deciding Official)

(Date)