

COVID-19 Vaccine Exemption Form

I, _____ (PRINT NAME), request that I be exempt from the COVID-19 (SARS-CoV2) vaccine requirement, based on:

- Medical reason, including prior recovery from COVID-19.
 - *If selected, employee must show proof of medical reason from proper medical authority; and/or complete attestation form to accompany this exemption request.*

- Reasons of personal conscience or religious beliefs.
 - *If selected, employee should be prepared to share information on how their daily lifestyle mirrors this exemption selection.*

Employee Signature

Date