

Declination Form to Claim Exemption from COVID-19 Vaccination Requirements

Use this form to claim an exemption and share with your employer-recipient (consumer/family).

Employee Name: _____

Exempt due to one of the following reasons:

- Due to a qualifying medical condition
- Due to a sincerely held religious belief or practice

Religious Exemption

Please provide a brief statement to support your claim of religious exemption from the COVID-19 vaccination requirement.

Medical Exemption

Medical exemptions for the COVID-19 vaccine require that the employee provides a written certification by a licensed, treating medical provider [a physician (MD or DO), nurse practitioner (NP), or physician's assistant (PA)], of one of the following:

1. The applicable CDC contraindication for the COVID-19 vaccine, or
2. The applicable contraindication found in the manufacturer's package insert for the COVID-19 vaccine, or
3. A statement that the physical condition of the person or the medical circumstances relating to the person are such that immunization is not considered safe, indicating the specific nature and probable duration of the physical condition or medical circumstances that contraindicate immunization with the COVID-19 vaccine.

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Medical Provider Name: _____

Medical Provider Contact Information:

Address: _____

Telephone Number: _____

Email: _____

I should not be immunized against COVID-19 for the following reason(s). Your medical provider must provide a certification of the reasons for the exemption request.

- I have a history of previous allergic reactions that indicate an immediate hypersensitivity reaction to a component of the vaccine.

- My physical condition or my medical circumstances are such that immunization is not considered safe. My medical provider will indicate the specific nature and probable duration of the physical condition or medical circumstances that contraindicate immunization with the COVID-19 vaccine.

Verification and Accuracy

I verify that the information I am submitting in support of my request for an exemption is complete and accurate to the best of my knowledge.

I also understand that my request for an exemption may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or to me, or if it creates an undue hardship on the consumer/family being served.

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements herein, I am subject to such penalties as may be prescribed by statute or ordinance. I UNDERSTAND THAT IT IS A FELONY UNDER FEDERAL LAW TO PROVIDE FALSE DOCUMENTATION TO ANY GOVERNMENT AGENCY.

Employee Signature: _____

Date: _____