



Vaccination Exemption Form

I understand that in order for me to work in any capacity at a clinical facility, I must comply with the clinical facility policies, including vaccination requirements. Many clinical facilities now require all healthcare workers to be fully vaccinated against COVID-19, unless exempted from the requirement due to 1) a sincerely held religious belief that conflicts with their receipt of the vaccination, or 2) medical reasons that prohibit them from receiving the vaccination.

I am requesting an exemption from the following vaccination(s):

_____ Annual Flu

_____ COVID-19

My reason for the exemption request is: (must select one)

_____ Religious. I have a sincerely held religious belief that conflicts with my receiving the vaccination.

_____ Medical. Medical reasons prevent me from receiving the vaccination. (A note from your physician may be requested for verification.)

NOTE: If this exemption has already been approved by the clinical facility, please attach a copy of the approval and any other directions provided.

I certify that the information I have provided in this exemption request is accurate and complete as of the date of this submission. I understand that any accommodation may be revoked and I may be subject to disciplinary action if any of the information I provided is false, or if additional information received is insufficient.

Print name: _____

Signature: _____ Date: _____