



## COVID-19 Employee Vaccination Exemption Form

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

I, \_\_\_\_\_, request exemption from the COVID-19 vaccination due to medical, religious, or personal reasons. I understand that I will be required to undergo weekly COVID-19 testing in lieu of vaccination.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please submit the completed form to the Human Resource Management Office.*