



COVID-19 Vaccination Exemption Request Form

INSTRUCTIONS: Please complete this form for the applicable exemption you are seeking, if you have questions, please contact Julie or Tresa.

Name: _____ Employee #: _____

Phone Number: _____ Email: _____

Department: _____ Location: _____

Employee Signature: _____ Date: _____

PDEC requires COVID-19 vaccination sufficient to achieve fully vaccinated status for all caregivers. PDEC recognizes that immunization with a safe and effective vaccine is a proven strategy to reduce COVID-19 related illness for our caregivers, patients, and community. The CDC recognizes that COVID-19 vaccines are safe and effective at preventing COVID-19 disease, especially severe illness, and death.

☐ **Medical Exemption**

Please **attach** a signed letter from your qualified medical provider, on that medical provider's letterhead, that states the medical condition they are treating and describe a valid medical contraindication per the CDC. Please ensure that the medical provider who provides the signed letter is qualified to medically assess the condition at issue.

Contact information for provider:

Provider Name (printed): _____ Telephone: _____

☐ **Bona fide Religious Exemption**

Please **attach** a signed letter from a religious authority in your faith community, on that religious authority's letterhead, explaining how administration of the COVID-19 vaccine conflicts with bona fide religious tenets or practices of your faith. (Please ensure the information in the letter is specific. A general philosophical or moral objection to the vaccine will not be sufficient for PDEC to evaluate the request or grant an exemption).

Contact information for provider:

Religious Leader Name (printed): _____ Telephone: _____