

## REQUEST FOR EXEMPTION FROM VACCINATIONS

NAME:

EMPLOYEE NUMBER:

JOB TITLE:

DEPARTMENT:

MANAGER/SUPERVISOR:

WORK PHONE:

HOME PHONE:

REASON FOR EXEMPTION:

Date \_\_\_\_\_

Signature \_\_\_\_\_

ATTACH COPIES OF ANY DOCUMENTATION  check here if document(s) attached

SIGNATURE OF EMPLOYEE:

EXEMPT FROM VACCINATION

NOT EXEMPT, EMPLOYEE MUST GET THE MANDATORY SHOTS REQUIRED BY POLICY BY:

MANAGER NOTIFIED