

**COVID-19 VACCINATION
MEDICAL/RELIGIOUS EXEMPTION FORM**

DATE

EMPLOYEE NAME

SPS Workday ID (W#)

AGENCY

VACCINE EXEMPTION

Medical

Religious

1. Employee Acknowledgment for Medical Exemption from COVID-19 Vaccination

By submitting this document, I attest that I have a valid medical exemption from receiving the COVID-19 vaccination. I understand that the State may choose to verify any information provided on this form, and that providing false information may result in disciplinary action up to, and including, termination. I understand that by submitting this document I am authorizing my health care provider to verify the information provided on this form to my employer.

I agree to provide medical documentation from a qualified provider attesting to my valid medical exemption from the COVID-19 vaccination.

Employee Signature _____ Date _____

2. Employee Acknowledgment for Religious Exemption from COVID-19 Vaccination

By submitting this document, I attest that I have a valid religious exemption from receiving the COVID-19 vaccination. I understand that the State may choose to verify any information provided on this form, and that providing false information may result in disciplinary action up to, and including, termination .

Describe the religious belief or practice that necessitates this exemption:

I agree to provide additional supporting documentation of my religious exemption from the COVID-19 vaccination if requested.

Employee Signature _____ Date _____