UofL Health

Request for Exemption from COVID-19 Vaccination

Type of Exemption requested: **Medical** ☐   **Religious/Moral/Ethical** ☐
Attach a physician statement to this form   *Attach a signed statement to this form*

☐ *Request previously submitted*

Printed Name: _____ **Phone #:** _____
Email: _____ **Facility:** _____
Department/Unit: _____ **Supervisor:** _____

As a patient safety initiative, Uof L Health requires COVID-19 vaccinations for all of its employees, physicians, volunteers, students and contract workers similar to other required vaccinations (such as MMR and varicella).

I acknowledge that I am aware of the following facts:

- **COVID-19 vaccination is recommended by the CDC for all healthcare workers to protect patients by preventing COVID disease and its complications, including death.**
- **If I contract COVID-19, I can shed the virus for 24-48 hours before COVID symptoms appear. Shedding the virus can spread COVID infection to patients and others in this facility.**
- **If I become infected with COVID, even when my symptoms are mild, I can spread severe illness to others. I understand that I should not work when ill, especially if illness includes a fever. A mask should be used with any respiratory illness.**
- **I am aware that social distancing of 6 feet and mask are currently required in the organization. However, if this mandate were to be removed, I will still be required to wear a mask, and maintain social distancing.**
- **The COVID-19 vaccine is an inactivated virus and cannot give me COVID.**
- **The consequences of my refusing to be vaccinated could endanger my health and the health of those with whom I have contact, including patients in this healthcare facility, my coworkers, my family, and my community.**
- **Non-compliance with this policy may result in disciplinary action.**

Despite these facts, I am requesting exemption from COVID-19 vaccination(s). I understand that I can change my mind at any time and accept COVID-19 vaccination(s).

I have read and fully understand the information on this form.

PRINTED Legal Name: _____

Signature: _____ **Date**_____