



## EXEMPTION FROM COVID-19 VACCINATION BASED ON COVID-19 IMMUNITY

### PART 1 – TO BE COMPLETED BY THE EMPLOYEE

Employee Name	Date of Birth	Phone Number
Employer Name	Date of Request	

<b>Exemption Statement</b>	
Pursuant to section 381.00317, Florida Statutes:  I hereby declare that, to the best of my knowledge, the laboratory documentation I am providing with this Exemption Statement is sufficient laboratory criteria for proof of COVID-19 immunity.	
Employee Signature	Date
Employee Name (print)	

### PART 2 – PROOF OF COVID-19 IMMUNITY – TO BE COMPLETED BY THE EMPLOYEE

<b>FDA Emergency Use Authorized or FDA Approved COVID-19 Test:</b>  <input type="checkbox"/> PCR  <input type="checkbox"/> Antigen  <input type="checkbox"/> Antibody	Date of Test: _____
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**\*ATTACH A COPY OF THE EMPLOYEE'S TEST RESULTS TO THIS FORM\***

**NOTE: Pursuant to section 381.00317(2), Florida Statutes, this completed exemption statement requires the employer to allow the employee to opt-out of the employer's COVID-19 vaccination mandate.**