

**SUSQUE-VIEW HOME, INC.**  
**REQUEST FOR COVID-19 VACCINATION MEDICAL EXEMPTION**

Please print:

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

I am requesting an exemption to receiving the COVID-19 vaccination for the following medical reason(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I have provided/attached documentation from/signed by my medical provider supporting the above reason(s) for a medical exemption.

Indicate if the exemption is temporary or permanent: \_\_\_\_\_

Each request for medical exemption will be reviewed by the Employer as necessary. Standard criteria for medical exemptions are established based upon CDC recommendations.

I understand that failure to be vaccinated or granted a medical exemption by the date required on the COVID-19 Vaccination Policy will result in my being removed from the Employer's work schedule.

\_\_\_\_\_  
Employee Signature

Dated: \_\_\_\_\_

**SUSQUE-VIEW HOME, INC.**  
**REQUEST FOR COVID-19 VACCINATION RELIGIOUS EXEMPTION**

Please print:

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

I am requesting an exemption to receiving the COVID-19 vaccination due to my religious beliefs.

I understand that I must cooperate with requests for reasonable information necessary to evaluate my request for exemption due to religious beliefs. I have attached a brief explanation for the basis of my requested religious exemption.

I have also attached documentation from my religious organization that explains or verifies the sincerity and religious tenets of my pertinent religious beliefs.

Each request for religious exemption will be reviewed by the Employer and if necessary, a consult with appropriate clergy.

I understand that failure to be vaccinated or granted a religious exemption by the date required on the COVID-19 Vaccination Policy will result in my being removed from the Employer's work schedule.

\_\_\_\_\_  
Employee Signature

Dated: \_\_\_\_\_