



COVID-19 Vaccine Declination Form

Employee Request for Exemption

I _____ (employee name) do hereby decline to provide Cordova Consulting with documentation of vaccination against COVID-19.

I request exemption from the COVID-19 vaccination requirement due to: (please check one)

- Religious Beliefs/Deeply Held Personal Belief
- Qualifying Medical Reasons: Attach a written statement signed by a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician stating qualification for medical exemption.

Please check one of the following:

- I live with the consumer or am a family member of the consumer. And I only provide services to one household. The following requirements apply.
 1. Have a signed form of acceptance of employment as an unvaccinated worker from the Consumer or Parent/Guardian submitted to the office (back side of this form).
 2. No COVID-19 Testing Required
- I am a Non-Family Member, Non-live-in worker, or an employee who provides services to multiple households. While under this exemption, I understand that in order to continue working as an In-home respite care provider I will need to comply with the following expectations.
 1. Have a signed form of acceptance of employment as an unvaccinated worker from the Consumer or Parent/Guardian submitted to the office (back side of this form).
 2. Test for COVID-19 once weekly or within 7 days prior to providing service to a consumer.
 - a. Have this test result in a negative COVID-19 sample.
 - b. Provide documentation of the test to Cordova Consulting.
 3. Wear a surgical mask or higher-level respirator approved by the National Institute of Occupational Safety and Health (NIOSH) while working with a consumer.

Print Employee Name

Employee Signature

Date



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Respite Care Worker: (print full name) _____

Consumer/Client: (print full name) _____

Consumer/Parent/Guardian Acknowledgement

I, _____ (Consumer/Parent/Guardian), am aware of the COVID-19 Unvaccinated status of my in-home respite care worker named above, and I accept full responsibility for using my respite care provider to care for the consumer identified above. I acknowledge the conditions under which my Respite Care Worker are allowed to work while maintaining the exemption from vaccination against COVID-19:

Please initial **one** of the following:

<p>_____ <i>Parent/Guardian Initial</i></p> <p>The Respite Care Worker named above is a family member or, lives with the Consumer. This Respite Care Worker only provides services to our household.</p> <p>The Respite Care Worker named above does not need to provide negative COVID-19 Tests in order to provide services to the above listed Consumer.</p>
<p>_____ <i>Parent/Guardian Initial</i></p> <p>The Respite Care Worker named above is not a family member or live-in employee of the consumer listed above. Or the family member or live-in employee provides services to more than one household. The above listed Respite Care worker is required to comply with the following expectations.</p> <ol style="list-style-type: none">1. Have a signed form of acceptance of employment as an unvaccinated worker from the Consumer or Parent/Guardian.2. Test for COVID-19 once weekly or within 7 days prior to providing service to a consumer.<ol style="list-style-type: none">a. Have this test result in a negative COVID-19 sample.b. Provide documentation of the test to Cordova Consulting.3. Wear a surgical mask or higher-level respirator approved by the National Institute of Occupational Safety and Health (NIOSH) while working with a consumer.

Print Name - Consumer/Parent/Guardian

Circle One:

Consumer Parent Guardian

Signature Consumer/Parent/Guardian

Date