

## **COVID-19 Vaccination Exemption Request**

## Based on employer-provided personal protective equipment

Employee's Full Name   Print	Phone Number	Date of Birth	Date of Request
Exemption Statement   I	Pursuant to section	n 381.00317, Flo	rida Statutes
I hereby declare that I agree to complement of the complement of t		•	
Employee's Full Name   Print	 Employee's Signature		

## 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.