

## MEDICAL EXEMPTION FROM COVID-19 VACCINATION

## PART 1 - TO BE COMPLETED BY THE EMPLOYEE

Employee Name	Date of Birth	Phone Number	
Employer Name		Date of Request	
Please select yes if this exemption is on the basis of pregnancy or anticipated pregnancy.			
YES 🗆			

## PART 2 - TO BE COMPLETED BY THE EMPLOYEE'S MEDICAL PROVIDER

Employee's Name		
Physician, Physician Assistant, or Advanced Practice Registered Nurse		
It is my professional opinion as a physician or physician assist 458 or chapter 459, Florida Statutes, or an advanced practice under chapter 464, Florida Statutes, that COVID-19 vaccination	registered nurse who holds a valid, active license	
Medical Provider Signature	Date	
Medical Provider Name (print)	Medical Provider License Number	

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