



**EXEMPTION FROM COVID-19 VACCINATION BASED ON EMPLOYER-PROVIDED
PERSONAL PROTECTIVE EQUIPMENT**

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

Exemption Statement	
Pursuant to section 381.00317, Florida Statutes:	
I hereby declare that I agree to comply with my employer's reasonable written requirement to use employer-provided personal protective equipment when in the presence of other employees or other persons.	
Employee Signature	Date
Employee Name (print)	

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.