



I am requesting an exemption from receiving the 2020-2021 COVID-19 vaccination under Wesbury's Vaccination Program.

Name: _____ Date: _____
(clearly print first and last name)

Employee ID: _____

Department: _____

___ Employee ___ Volunteer ___ Contract ___ Medical Staff ___ Student ___ Temp ___ Other: _____

I am requesting an exemption due to:

___ An adverse reaction after receiving previous immunizations

___ Guillain-Barre Syndrome

___ Religious Exemption (must specify religion) _____

___ No medical reason for exemption

___ Other (must be specified) _____

I understand that whether I receive the vaccine or not I will be required to wear all appropriate PPE during my shift and while on the Wesbury premises until the end of the COVID-19 Pandemic as determined by the Infection Control Coordinator in accordance with contemporaneous information available through the US Department of Health and Human Services/Centers for Disease Control and PA Department of Health. This includes all employees, volunteers, students, and contract/temp staff.

Signature: _____ Date: _____