



Request for Exemption from COVID-19 Vaccine

Name (print):	Date:
Dept.:	Position:
Manager:	Work/Cell Phone:

Inland Respite policy requires that all staff receive a COVID-19 vaccination. Per the DDS and CDPH mandate, a request for exemption may be granted if the individual only provides services to a consumer with whom they live or who are a family member of the consumer for whom they provide services.

Please complete the information below to request consideration for an exemption (*check all that apply*).

I only provide services to one consumer.

I am a family member of the consumer. Relationship: _____

I live in the same house as the consumer.

I certify the information I have provided in connection with this request is accurate as of the date of submission. I understand this exemption may be revoked and I may be subject to disciplinary action if any of the information provided in support of this exemption is false.

Printed Name: _____

Signature: _____

Date: _____

Family Representative Signature:

Printed Name: _____

Signature: _____

Date: _____

Consumer Name(s): _____

HR USE ONLY

Date of initial request: __/__/__

Accommodation request:

Approved __/__/__

Describe specific accommodation details: _____

Denied __/__/__

Describe why accommodation is denied: _____