



**Request for Exemption from COVID-19 Vaccine**

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

Sonia Inc 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: