



The Constitution of the United States of America

CERTIFICATION FOR EXEMPTION FROM COVID-19 VACCINATION

Employee Name: _____

Department: _____

Date: _____

Pursuant to MEO-21-0008 the City is requiring all employees to provide physical proof of being fully vaccinated against COVID-19. The only exception to full COVID-19 vaccination is for medical or religious reasons.

I _____, **Certify that I am exempt from full COVID-19 vaccination for the following reason: (Check one below and provide requested support)**

Medical:

I have attached a signed, dated statement from my primary care or medical provider, who is licensed to practice medicine or osteopathy in the United States.

The statement, which must be certified under the penalty of perjury, provides that I cannot or should not receive the COVID-19 vaccination due to my medical condition(s).

Religious:

I have attached a signed and dated certification, (either my own or from my religious leader) which explains that vaccinations conflict with my religious beliefs and explains why I cannot be vaccinated.

Signature: _____

Date: _____