



EXEMPTION FROM COVID-19 VACCINATION BASED ON COVID-19 IMMUNITY

PART 1 – TO BE COMPLETED BY THE EMPLOYEE

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, to the best of my knowledge, the laboratory documentation I am providing with this Exemption Statement is sufficient laboratory criteria for proof of COVID-19 immunity.	
Employee Signature	Date
Employee Name (print)	

PART 2 – PROOF OF COVID-19 IMMUNITY – TO BE COMPLETED BY THE EMPLOYEE

FDA Emergency Use Authorized or FDA Approved COVID-19 Test: <input type="checkbox"/> PCR <input type="checkbox"/> Antigen <input type="checkbox"/> Antibody	Date of Test: _____
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ATTACH A COPY OF THE EMPLOYEE'S TEST RESULTS TO THIS FORM

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.