



## COVID-19 IMMUNIZATION EXEMPTION/EXTENSION REQUEST FORM

Last name	First name	DOB(month day year)	R-Number
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I request an exemption from the immunization requirement(s) for the following reason:

1. MEDICAL EXEMPTION:

- ⊕ A statement from a doctor explaining the medical contraindication is required for a medical exemption, including the time period for which the exemption is valid.
- ⊕ Medical Ex

3. EXTENSION OF IMMUNIZATION DATE

... I just returned from