Alabama COVID-19 Vaccine Exemption

In accordance with Alabama Bill SB9 signed into law by Governor Kay Ivey on Friday November 5th 2021:

I am requesting exemption from the COVID-19 vaccine requirements for one of the following reasons: (check all that apply)

_____ My health care provider has recommended to me that I refuse the COVID-19 vaccination based on my current health conditions and medications. (NOTE: You must include a licensed health care provider's signature on this form to claim this exemption.)

_____ I have previously suffered a severe allergic reaction (e.g., anaphylaxis) related to vaccinations in the past.

_____ I have previously suffered a severe allergic reaction related to receiving polyethylene glycol or products containing polyethylene glycol.

_____ I have previously suffered a severe allergic reaction related to receiving polysorbate or products containing polysorbate.

_____ I have received monoclonal antibodies or convalescent plasma as part of a COVID-19 treatment in the past 90 days.

_____ I have a bleeding disorder or am taking a blood thinner.

_____ I am severely immunocompromised such that receiving the COVID-19 vaccination creates a risk to my health.

_____ I have been diagnosed with COVID-19 in the past 12 months.

_____ Receiving the COVID-19 vaccination conflicts with my sincerely held religious beliefs, practices, or observances.

I hereby swear or affirm that the information in this request is true and accurate. I understand that providing false or misleading information is grounds for discipline, up to and including termination from employment.

______________________________	______________________________	____________
Employee's Printed Name	Employee's Signature	Date

(Note: The following must be completed ONLY if claiming the first medical exemption listed above.)

Certification by a licensed health care provider as to the accuracy of information provided above:

______________________________	______________________________	____________
Name of Health Care Provider	Signature of Health Care Provider	Date