



Exception Request from COVID-19 Vaccination

Re: CA Department of Public Health Order of September 28, 2021

I provide direct care to a Tri-Counties Regional Center client as a: Designated Respite Worker

Printed Name (as paid): _____

Payroll Number: _____ Date of Birth: _____ Client's UCI#: _____

I am requesting an exception from (and described as such in) the CA DPH COVID-19 Direct Care Staff Vaccination Policy on the following grounds:

I confirm that I live with and/or am related the client

I understand this exception DOES NOT apply if I provide respite services for multiple households.

Residential address: _____

and/or Family Relationship to TCRC client: _____

Religious beliefs and practices*

My religious beliefs are sincerely held and prohibit me from receiving the COVID-19 vaccine.

Medical reasons*:

I have attached a written statement (that *does not* include underlying medical condition or disability) signed by my doctor stating that I qualify for the exception and indicating the probable duration of my inability to receive the vaccine (or if the duration is unknown or permanent).

By signing below, for my exception based on religious* or medical* reasons, I agree to be tested for COVID-19 weekly and send the negative results to *Respite, Inc.* every Friday until this requirement is lifted. I understand that if I do not submit my negative test results every Friday, I will be considered to have resigned, effective immediately. In addition, I agree to wear a mask approved by NIOSH, at all times, while providing respite services. If I do not abide by the DPH Order I will not provide respite services until I show cause and am reinstated as a designated respite worker with *Respite, Inc.*

I am the person named above and personally completed this document, on _____ date

Signature: _____
signing this document verifies my exception marked above

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