



**EXEMPTION FROM COVID-19 VACCINATION BASED ON EMPLOYER-PROVIDED  
PERSONAL PROTECTIVE EQUIPMENT**

<b>Employee Name</b>	<b>Date of Birth</b>	<b>Phone Number</b>
<b>Employer Name</b>		<b>Date of Request</b>

<b>Exemption Statement</b>	
Pursuant to section 381.00317, Florida Statutes:	
I hereby declare that I agree to comply with my employer's reasonable written requirement to use employer-provided personal protective equipment when in the presence of other employees or other persons.	
<b>Employee Signature</b>	<b>Date</b>
<b>Employee Name (print)</b>	

**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.**