



**COUNTY OF MONTEREY
COVID-19 VACCINATION EXEMPTION
MEDICAL PROFESSIONAL CERTIFICATION**



For a person who works, provides services, or volunteers for the County of Monterey to qualify for a Medical Exemption to the requirement of COVID-19 vaccination, the appropriate medical professional (physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician) must complete the following Form to be provided by the employee or impacted person. This Form may also be completed for persons who are not yet fully vaccinated and have pending vaccination doses or are within two-weeks of final dose¹.

INSTRUCTIONS:

All employees and impacted persons seeking an exemption from vaccination, except Natividad personnel, should complete and email the [Request for COVID-19 Vaccination Exemption Form](#), along with this certification, to the Human Resources Department at HRD_COVID-19@co.monterey.ca.us or upload to the [Monterey County Connection App](#). For Natividad personnel, please email the request and this Form to Natividad Human Resources at RamirezCL@natividad.com

NOTE: PLEASE DO NOT STATE THE NATURE OF THE UNDERLYING MEDICAL CONDITION

Name of person seeking a medical exemption:	
Name of physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician:	
This exemption should be	
<input type="checkbox"/> Temporary, expiring on: _____	
<input type="checkbox"/> Permanent	

By completing and signing this form, I certify that, because of an existing medical condition, my patient should not be administered any COVID-19 vaccines authorized or approved by the FDA.

Medical Professional Signature _____ Date _____

License number:	
Office Address:	
Office Telephone Number:	
If practicing under the license of a physician, name and license number of physician:	

¹ Persons who are requesting a medical exemption due to a pending vaccination dose or are within two-weeks of final dose must submit a copy of their vaccination record with this form.