



COUNTY OF MONTEREY  
REQUEST FOR COVID-19 VACCINATION EXEMPTION



**INSTRUCTIONS:**

*All employees and impacted persons seeking an exemption from the County’s vaccination requirement, except Natividad personnel, should complete and email this Form, along with the appropriate certification, to the Human Resources Department at [HRD\\_COVID-19@co.monterey.ca.us](mailto:HRD_COVID-19@co.monterey.ca.us) or upload to the [Monterey County Connection App](#). For Natividad personnel, please email this Form and the appropriate certification to Natividad Human Resources at [RamirezCL@natividad.com](mailto:RamirezCL@natividad.com).*

By completing this form, I seek an exemption from the County Board of Supervisors requirement to be vaccinated for COVID-19 on the following basis (check all that apply):

**Medical:** I have a medical condition that prevents me from being able to take any COVID-19 vaccine. NOTE: To be eligible for this exemption, I understand that I must also provide to the County a written statement signed by a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician, stating that I qualify for the exemption (but the written statement should not describe the underlying medical condition). Please attach the [COVID-19 Vaccination Exemption Medical Professional Certification](#).

**Religious/Practice/Observance:** As evidenced in the signed and dated certification provided herewith, I have a sincerely held religious belief, practice, or observance that prevents me from taking any of the COVID-19 vaccines authorized or approved by the FDA. Please attach the [COVID-19 Vaccination Exemption Religious Officiant Certification](#).

**Signature and Attestation**

*All employees and impacted persons who complete this Form must sign and date below and email this Form, along with the appropriate certification, to the Human Resources Department at [HRD\\_COVID-19@co.monterey.ca.us](mailto:HRD_COVID-19@co.monterey.ca.us) or upload to the [Monterey County Connection App](#). For Natividad personnel, please email this Form and the appropriate certification to Natividad Human Resources at [RamirezCL@natividad.com](mailto:RamirezCL@natividad.com).*

I declare under penalty of perjury under the laws of the State of California that the statement(s) adopted by checking the box/es above are true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Classification Title \_\_\_\_\_

Department \_\_\_\_\_

For Official Use by the County of Monterey	
<input type="checkbox"/> Exemption Received by (Initial): _____	Date Exemption Received: _____
<input type="checkbox"/> Exemption Approved by (Initial): _____	Date Exemption Approved: _____
<input type="checkbox"/> Exemption Denied by (Initial): _____	Date Exemption Denied: _____
_____	_____
Director of Human Resources or Designee Signature	Date