

COVID –19 VACCINATION EXEMPTION FORM

I ACKNOWLEDGE:

In signing this form I acknowledge that I am declining to obtain the Covid-19 vaccine in contest to the Public Health Order issued by the State of California. I acknowledge that because of this I will obtain a negative Covid-19 test within 48-72 hours prior to my scheduled clinical shift start time depending on the requirements of the facility in which I am scheduled. I understand that any cancelled, rescheduled or incomplete clinical shifts that occur due to not obtaining a negative test will result in a \$50 rescheduling fee as well as any other actions stated in West Coast EMT's Ride Along Policy located in the student handbook.

- RELIGIOUS EXEMPTION
- MEDICAL EXEMPTION (Exemption provided and signed by Physician is Attached)

PRINTED STUDENT NAME _____

SIGNATURE OF STUDENT _____

DATE ____/____/____