



EXEMPTION FROM COVID-19 VACCINATION BASED ON PERIODIC TESTING

Employee Name	Date of Birth	Phone Number
Employer Name		Date of Request

Exemption Statement	
<p>Pursuant to section 381.00317, Florida Statutes:</p> <p>I agree to comply with regular periodic diagnostic testing for COVID-19, to occur not more than weekly, or upon evidence of COVID-19 symptoms, with an FDA Emergency Use Authorized or FDA Approved diagnostic COVID-19 test, at no cost to me.</p>	
Employee Signature	Date
Employee Name (print)	

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.