



**CITY OF NEWARK**

**CERTIFICATION FOR EXEMPTION FROM COVID-19 VACCINATION**

**Employee Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Pursuant to MEO-21-0008 the City is requiring all employees to provide physical proof of being fully vaccinated against COVID-19. The only exception to full COVID-19 vaccination is for medical or religious reasons.

I \_\_\_\_\_, **Certify that I am exempt from full COVID-19 vaccination for the following reason: (Check one below and provide requested support)**

\_\_\_\_ **Medical:**

I have attached a signed, dated statement from my primary care or medical provider, who is licensed to practice medicine or osteopathy in the United States.

The statement, which must be certified under the penalty of perjury, provides that I cannot or should not receive the COVID-19 vaccination due to my medical condition(s).

\_\_\_\_ **Religious:**

I have attached a signed and dated certification, (either my own or from my religious leader) which explains that vaccinations conflict with my religious beliefs and explains why I cannot be vaccinated.

**DECLINATION:** I decline to receive the COVID-19 vaccine.

Please read and accept/agree to each of the following.

Each line must have your initials for this form to be considered complete.

\_\_\_\_\_ I understand that COVID-19 is a respiratory illness caused by a coronavirus that may cause mild to moderate illness, like the common cold, but can also lead to dangerous complications. Some individuals are more likely to develop serious illness including hospitalization, intensive care unit admission and death.

\_\_\_\_\_ I understand the COVID-19 vaccine has been carefully evaluated in clinical trials and has been authorized for emergency use because it makes it substantially less likely that an individual will contract COVID-19 and become seriously ill. Getting vaccinated protects you and may also protect others, particularly those who are at increased risk for severe illness from COVID-19.

\_\_\_\_\_ I understand that I may be at risk of acquiring COVID-19 infection and spreading it to others. I decline the COVID-19 vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring COVID-19, a serious disease. If, in the future, I am vaccinated with the COVID-19 vaccine, I will provide proof of vaccination (i.e., documents that provide dates of vaccinations).

\_\_\_\_\_ I understand that if the City accepts my exemption status, I will be required to provide a copy of a valid negative COVID-19 test result every Tuesday. Rapid test results will not be accepted as proof of a negative COVID-19 test result. Only Polymerase Chain Reaction (PCR) test results will be accepted.

\_\_\_\_\_ I understand that if I fail to provide a valid negative COVID-19 test result, then I will not be allowed to work and will be sent home. Additionally, I will be pay deleted for the day(s) I cannot report to work and will be subject to discipline, up to and including termination.

\_\_\_\_\_ I understand that if I am unable to provide a valid negative COVID-19 test result or fail to otherwise comply with MEO-21-0008, I will be subject to discipline for abandonment of my employment, and my employment with the City shall be terminated.

\_\_\_\_\_ I understand that the City may change its vaccination policy in the future and require additional measures for those who are unvaccinated.

\_\_\_\_\_ I understand and agree to the terms, conditions and guidelines described above

**I hereby certify that the foregoing statements made by me, and the information provided in support of this document are true. I am aware that**

if any of the statements made by me are willfully false, I am subject to punishment, which includes the penalty of perjury.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 2021.