

Divine Purpose Healthcare Solutions Exemption Form

Section 1- Vaccine Declination

[All Personnel or staff seeking an exemption from vaccination must complete]

By completing this Section, I am declaring that I am unable to be vaccinated for COVID-19 on the following basis (check all that apply):

- Medical/Disability Accommodation: I have a medical condition or disability 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 my employer (or the Business where I work or volunteer) 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 or disability) and indicating the probable duration of my inability to receive the vaccine (or if the duration is unknown or permanent , so indicate). I may use the next page of this form for this purpose.
- Religious Belief Accommodate: I have a sincerely held religious belief, practice, or observance that prevents me from taking any of the FDA authorized or approved COVID-19 vaccines.

Section 2- Signature and Attestation

[All Personnel or staff who complete any section of this form must complete this Section]

I declare under penalty or perjury under the laws of the State of South Carolina that the statement(s) in Section 1 above are true and correct.

Signature: _____

Date: _____

Printed Name: _____

Location (City and State) where signed: _____