

Vaccine Exemption for Healthcare Professionals

Provider Statement:

I, (signature) _____, have a sincerely held religious belief and deep spiritual conviction which prohibits me from taking vaccines, including the covid-19 injections. My clients have been informed of my status and accept my services as an unvaccinated healthcare provider. Since I am a self-employed professional, my clients are my de facto employers and therefore are the proper legal authorities to validate my exemption.

(Printed name and credentials)

Employer Statement:

The above-named healthcare provider has been employed by me to provide me with contracted services. I understand that my provider has a deep conviction and sincerely held religious belief which precludes them from taking vaccines, in particular the covid-19 injections, and I am hereby agreeing to continue care with them and also hereby validate their unconditional exemption from any and all vaccine mandates.

(Signature)

(Printed name)