

# State of Alabama

## Vaccination Exemption Claim Form



**Any individual in the State of Alabama who is subject to a requirement that he or she receive one or more COVID-19 vaccinations as a condition of employment may claim an exemption for medical reasons, because the vaccination conflicts with sincerely held religious beliefs, or both. You may request either a medical or a religious exemption from the COVID-19 vaccination by completing this form and submitting the form to your employer. In the event your employer denies this request, you have a right to file a request for administrative review with an administrative law judge (ALJ) within 7 days. Your employer will provide you with information on how to file that appeal. That information may also be obtained by visiting <https://vaxexemption.alabama.gov>.**

**To Be Completed by Employee:**

I am requesting exemption from the COVID-19 vaccine requirements for one of the following reasons (check all that apply):

- My health care provider has recommended to me that I refuse the COVID-19 vaccination based on my current health conditions and medications. (NOTE: You must include a licensed health care provider’s signature on this form to claim this exemption.)
- I have previously suffered a severe allergic reaction (e.g. anaphylaxis) related to vaccinations in the past.
- I have previously suffered a severe allergic reaction related to receiving polyethylene glycol or products containing polyethylene glycol.
- I have previously suffered a severe allergic reaction related to receiving polysorbate or products containing polysorbate.
- I have received monoclonal antibodies or convalescent plasma as part of a COVID-19 treatment in the past 90 days.
- I have a bleeding disorder or am taking a blood thinner.
- I am severely immunocompromised such that receiving the COVID-19 vaccination creates a risk to my health.
- I have been diagnosed with COVID-19 in the past 12 months.
  
- Receiving the COVID-19 vaccination conflicts with my sincerely held religious beliefs, practices, or observances.

I hereby swear or affirm that the information in this request is true and accurate. I understand that providing false or misleading information is grounds for discipline, up to and including termination from employment.

(Note: The below must be completed ONLY if claiming the first medical exemption listed above.)  
 Certification by a licensed health care provider as to the accuracy of information provided above:

\_\_\_\_\_  
 Employee’s Printed Name

\_\_\_\_\_  
 Name of Health Care Provider

\_\_\_\_\_  
 Employee’s Signature

Date

\_\_\_\_\_  
 Signature of Provider

Date

**To Be Completed by Employer:**

Employer’s Response:                     Approved                     Denied \*\*

\_\_\_\_\_  
 Name of Employer

\_\_\_\_\_  
 Authorized Employer Signature

Date

Email of Employer Rep: \_\_\_\_\_(REQUIRED)

\*\* The submission of this completed form creates a presumption that the employee is entitled to the exemption.  
 \*\* In the event an employer denies a request for exemption, the employer MUST provide the employee with instructions on how to file a review with the Administrative Law Judge. Instructions: <https://vaxexemption.alabama.gov>