

# County Administrator

County Administration Building  
1025 Escobar Street, 2nd Floor  
Martinez, California 94553-1229

**Monica Nino**

County Administrator

# Contra Costa County



## Board of Supervisors

**John M. Gioia**  
1<sup>st</sup> District

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2<sup>nd</sup> District

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3<sup>rd</sup> District

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4<sup>th</sup> District

**Federal D. Glover**  
5<sup>th</sup> District

## Contra Costa County Mandatory COVID-19 Vaccination Exemption Request Form

I hereby acknowledge that Contra Costa County requires all employees to be vaccinated to stop the spread of the COVID-19 virus. **I understand that if my request for exemption is approved, I must have a qualifying exemption and I will be required to submit to weekly testing due to my unvaccinated status, or testing on a more frequent basis as required in any law or health order applicable to my position. I also understand that I must continue to wear a mask or other approved or required face covering at all times while working indoors with others.**

**I am requesting an exemption from the COVID-19 vaccination requirement due to the following qualifying reason:**

\_\_\_\_\_ Qualified Medical Reason. As required by Contra Costa County, I have attached a medical certification signed by my licensed physician, licensed nurse practitioner, or other licensed medical professional acting under the license of my physician affirming that I qualify for this exemption. This certification shall include the probable duration of my inability to receive the vaccine. (The medical certification should not describe the underlying medical condition or disability).

\_\_\_\_\_ Sincerely Held Religious Belief. My religious beliefs mandate that I decline vaccination because:

1. Identify your religion or religious belief system: \_\_\_\_\_

2. Describe the specific religious tenet, practice, or observation that conflict with the COVID-19 vaccination requirements and Explain how you adhere to it (Attach additional pages if necessary): \_\_\_\_\_

**I declare under penalty of perjury that the foregoing is true and correct, and that this exemption request was executed on the date and at the location below.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Classification

\_\_\_\_\_  
Department

\_\_\_\_\_  
Date

Executed at: \_\_\_\_\_, CA  
City

A copy of this declination form and supporting documents must be given to your departmental personnel officer.

**If your request is approved, it is your responsibility to advise your direct supervisor that you have an approved exemption from the COVID-19 vaccination requirement and have provided the exemption request form to your departmental personnel officer.**