

Accredited Respite Vaccination Family Exception Form (Revised October 25, 2021)

All employees seeking a Family Exception from Vaccination must complete, sign and submit this form to HR@accreditednursing.com no later than Tuesday, November 30, 2021.

By completing, signing and submitting this **Vaccination Family Exception Form**, I declare, under penalty of perjury under the laws of the State of California, that each of the following statement(s) are true and correct:

1. As an employee of Accredited Respite Services or Accredited FMS, I serve as Direct Service Provider to a consumer (client) as authorized by one of California's Regional Centers.
2. I provide these services only to a recipient with whom I live (same street address) or a family member (relative).
3. I only provide these services to a single household.

Employee Signature: _____

Employee Name: _____ Date: _____

Employee's Daytime Telephone Number: _____

Location (City and State) where signed: _____

Name(s) of Client(s): _____

Family Relationship to Client(s): _____