**KADDI Exemption for Flu or COVID Vaccine**

Intern Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is to certify that I am unable to take the Flu or COVID Vaccine **(CIRCLE ONE OR BOTH)** for the following reason:

Medical

Please list condition or reason below (**must** be accompanied by a letter from doctor excusing you due to this condition)

Religion

Please list condition or reason below (**must** be accompanied by a letter from your religious leader confirming your beliefs and excusing you for receiving the vaccine)

If you do not receive the Flu or COVID vaccine, you will need to follow the below KADDI (Keith & Associates Distance Dietetic Internship) guidelines when going into all businesses & facilities during your internship experience.

* Mask to be worn at all times when on-site at a rotation
* Abide by facility guidelines should any additional PPE be needed (Gown, Gloves, or other)

With the knowledge of the above, I am requesting an exemption from the flu or COVID vaccine.

**Signature Date**

KADDI & ACEND (Accreditation Council for Education in Nutrition and Dietetics) strongly advocates and recommends that students and interns in ACEND- accredited supervised practice and experiential learning program be vaccinated. This is because you will be serving in healthcare setting and are direct line healthcare providers in training who have daily face to face contact with patients. Receiving these vaccines is critical for the protection of patient, the public, and healthcare workers.