**KADDI Exemption for Vaccines**

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

This is to certify that I have not received the following vaccine(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the following reason:

 Medical

 Please list condition or reason below

 Religion

 Please list condition or reason below

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

**Signature Date**

KADDI, ACEND & CDC strongly advocate and recommends that students and interns in ACEND- accredited supervised practice and experiential learning programs be vaccinated. This is because you will be serving in healthcare settings 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 the patient, the public, and healthcare workers.