



COVID-19 Exemption Request Form (Conscientious Objection)

ALL CALVARY SERVICES

Employee ID:

Phone:

Surname:

Given names:

Location:

RELATED POLICY

This form is covered by Calvary's [Mandatory COVID-19 Vaccination Policy](#).

INFORMATION ABOUT THIS FORM

A **Conscientious Objection** in relation to the COVID-19 vaccine is when you are making a personal choice to not obtain the COVID-19 vaccine.

If your treating medical doctor has advised you to not obtain any of the COVID-19 vaccines **because of a medical condition or medical treatment** you are undertaking then you must lodge the *COVID-19 Exemption Request Form (Medical Contraindication)* with the required medical evidence.

If you intend to make an Exemption Request, your completed form must be returned to your manager as soon as possible.

Exemption Request Information

1. I have spoken to my treating medical doctor / general practitioner in relation to my questions and concerns regarding the COVID-19 Vaccine.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. I have read and understood the requirements of Calvary's <i>Mandatory COVID-19 Vaccination Policy</i> . Note: You are <u>not</u> being asked to agree with the policy.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. I understand that Calvary have introduced the <i>Mandatory COVID-19 Vaccination Policy</i> to comply with its legal duties to eliminate or minimise (as much as reasonably practicable) the spread and health impact of the COVID-19 virus on me and Calvary's patients, residents, clients and other workers.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. I understand that Calvary will be storing Calvary Workers' COVID-19 vaccination data in accordance with the Australian Privacy Principles (as applicable).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. I understand that Calvary is not administering the COVID-19 Vaccine or physically forcing me to receive the vaccine against my will.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. I understand that providing this Form does not guarantee my ongoing employment and it is <u>possible</u> that my employment may be terminated as a result of not obtaining the COVID-19 vaccine.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Employee Declaration

I declare that I have read and understood the above information and my answers above are truthful:

Name		Date	
Signature			

Office Use Only

Date and Time Received:		Manager's Initials:	
-------------------------	--	---------------------	--