

Central California Faculty Medical Group
DEFERRAL REQUEST FORM
Deferral of SARS-CoV-2 (COVID-19) Vaccination Requirement

<i>Employee Name</i>	
<i>Job Title (If Applicable)</i>	<i>Location</i>
<i>Department (If Applicable)</i>	<i>Supervisor (If Applicable)</i>
<i>Phone Number</i>	<i>Email</i>

This form should be used by Central California Faculty Medical Group (CCFMG) employees to request a Deferral of the COVID-19 vaccination requirement in CCFMG's [SARS-CoV-2 Vaccination Program Policy](#) during pregnancy.

I am currently pregnant and am requesting a Deferral of the COVID-19 vaccination requirement during my pregnancy. My anticipated due date is: _____.

While my request is pending, I understand that I must comply with the Non-Pharmaceutical Interventions (e.g., face coverings, regular asymptomatic testing) for unvaccinated or not fully vaccinated individuals as a condition of my Physical Presence at any work location. These required Non-Pharmaceutical Interventions are defined by my location's public health, environmental health and safety, occupational health, or infection prevention authorities, including the Location Vaccine Authority. I also understand that I must comply with any additional Non-Pharmaceutical Interventions applicable to my circumstances or position, as required by my location. If my request is granted, I understand that I will be required to comply with Non-Pharmaceutical Interventions specified by my location as a condition of my Physical Presence at any work location.

I verify the truth and accuracy of the statements in this request form.

Employee/Signature _____ Date _____

Date Received by University _____ By _____