



**Cleveland Clinic COVID-19 Vaccination Compliance with CMS Mandate
Non-employee & Vendor Proof of Approved Exemption**

Organization Name

Exempt Individual's Name

Date of Approval

This document attests to the fact that the individual named above has requested – and received – an approved exemption pursuant to the COVID-19 vaccination policy in place for the organization named above.

Individuals with approved exemptions will continue to wear appropriate Personal Protective Equipment (PPE) and practice good hand hygiene. No additional workplace accommodations will be required.

As part of granting an exemption, the organization named above assumes all responsibility for providing updates if the individual's status changes, as well as providing the individual with the appropriate level of Personal Protective Equipment (PPE).

By signing electronically below, you declare that, to the best of your knowledge and ability, the information you have provided in this form is true and correct.

Approver Name

Title

Approving Organization

Date