



Qualified Deferral Exemption for COVID-19 Booster

As required by the California State Public Health Officer Order dated December 22, 2021, all workers who provide services or work in a hospital, clinic, or other healthcare facility, must have their first dose of a one-dose regimen series (Johnson and Johnson [J&J]/Janssen) or their second dose of a two-dose regimen (Pfizer-BioNTech or Moderna or vaccine authorized by the World Health Organization), and subsequent booster regimen by March 1, 2022.

On February 22, 2022, a Public Health Order was issued stating that workers who provide proof of COVID-19 infection after completion of their primary series may defer booster administration for up to 90 days from date of first positive test or clinical diagnosis, which in some situations, may extend the booster dose requirement beyond March 1, 2022.

Workers who wish to defer receiving the COVID-19 booster due to testing positive for COVID-19 are exempt from the Booster requirement deadline of March 1, 2022, but must receive the booster no later than 90 days from the date of their positive test. During this 90-day deferral period, the worker will instead be required to submit to COVID-19 testing either weekly or twice weekly depending on the type of facility to which the worker is assigned.

Employees wishing to claim a deferral from the COVID-19 booster requirement must upload one of the following to the [VCHRP Employee Self Service](#) page:

- 1) Qualified Deferral Exemption Form and proof of positive COVID-19 test (see page 2).
- 2) Medical Certification for COVID-19 Booster Deferral form (see page 3).
- 3) Qualified Deferral Exemption Form, with Safety Officer signature, attesting to a positive employee COVID-19 case previously documented by the employer (requires employer verification and department's Safety Officer approval).



Qualified Deferral Exemption Form

I, _____, am requesting a deferral from

[Employee Name]

the California Department of Public Health Officer's COVID-19 booster requirement due to testing positive for COVID-19 as evidenced by the attached documentation and reason indicated below (check applicable box). Furthermore, I acknowledge that as part of my exemption deferral from the COVID-19 vaccination, I will be required to submit to all COVID-19 testing as required by the California Department of Public Health Officer's Order.

- ☐ 1. Qualified Deferral Exemption Form and proof of positive COVID-19 test
- ☐ 2. Medical Certification for COVID-19 Booster Deferral form (see page 3)
- ☐ 3. Qualified Deferral Exemption Form, with Safety Officer signature, attesting to a positive employee COVID-19 case previously documented by the employer (requires employer verification and department's Safety Officer approval)

Date of Positive COVID-19 Test: _____

Full Name (Print)

Employee ID Number

Employee Signature

Date

Safety Officer Name (Print)
(If applicable for Option #3)

Date

Department Safety Officer Signature
(If applicable for Option #3)

Date



MEDICAL CERTIFICATION FOR COVID-19 BOOSTER DEFERRAL

(To be completed by a medical professional only.)

Medical Certification for:

_____, date of birth ____/____/____,
[Employee Name]

Is temporarily excused from receiving a COVID-19 booster for up to 90 days due to testing positive for COVID-19 on the following date: ____/____/____.

By my signature below, I confirm that this information is true and accurate and that I am a medical provider (MD, DO, NP, or PA) with an unrestricted license to practice in the State of California.

Medical Provider Signature

Date

Medical Provider Name

Office Address

City

State

Zip Code

(____)_____
Office Phone Number