

**Information Form**

1. My name and job description is as

follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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2. I do not want the Covid Vaccine based on the following: \_\_[if this a religious exemption reason give details of religion, faith basis, and other important facts]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. I have been told by my management the following about this mandatory vaccine: [

include names, attach emails, send all notices

received]: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. I cannot lose my job and go unpaid leave as this will cause the following

hardship: \_\_\_\_\_

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5. I have spoken to the following employees and believe they are interested and/or are opposed and have the following insights or concerns about them: [give emails and details].

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Signature