

LIMITED WAIVER FORM

Please use this form to request a limited waiver from the requirements in Section 3 of the [December 28, 2021 Order of the Health Officer Requiring Up-To-Date COVID-19 Vaccination of Personnel in Higher-Risk Settings](#) (“Health Order”) to exclude personnel who are not Up-to-Date on their COVID-19 vaccination from Higher-Risk Settings. Only businesses and governmental entities that are facing critical staffing shortages, as set forth in the [Directive Establishing a Limited Waiver Process for Implementation of the Exclusion Requirement for Unvaccinated Personnel in Higher-Risk Settings](#) (“Directive”), may seek a waiver. All defined terms of the Health Order and Directive apply to this Form.

This Form with its attachment should be sent to limitedwaiver@phd.sccgov.org when completed. This Form must be completed and signed by the highest-ranking executive official of the entity.

Name of Business/Entity: _____

Name and Title of Chief Executive: _____

To qualify for a waiver, please confirm that all of the following statements are true by checking the corresponding box:

- Without this limited waiver, my entity would not be able to maintain its operations due to inadequate staffing.
- My entity has undertaken a good faith, individualized exemption process and has individually reviewed and approved medical and/or religious exemptions from COVID-19 vaccination for the individual personnel subject to this waiver. I understand no other personnel are subject to the waiver.
- Enclosed is a true and correct description of my entity’s exemption process, the number of personnel who work at my entity in Higher-Risk Settings, and the number of such personnel who have an approved exemption listed by their specific roles. (Please attach the requested information.)
- My entity will ensure that all personnel subject to this waiver will adhere to all of the following critical safety measures at all times:
 - Use fit-tested, non-vented N95 (or greater) respirators at all times when at work and in shared airspace with others, including any work-related events or gatherings regardless of their location.
 - Obtain twice weekly PCR or antigen COVID-19 testing.
 - Be prohibited from using breakrooms or cafeterias, and from eating indoors when others are present in the same airspace.

I certify under penalty of perjury under the laws of the State of California that all of the foregoing and attached information is true and correct, that I am authorized to submit this request on behalf of the entity for which it is submitted, and that I have authority to bind that entity to the conditions herein. I further understand that all other terms and conditions of the Health Order continue to apply to my entity, and that this waiver is subject to revocation.

Signature of Chief Executive

Date