

Approving Organization

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 fapproved exemption pursuan above.			•	
Individuals with approved exe (PPE) and practice good hand	•			
As part of granting an exempt updates if the individual's stated of Personal Protective Equipm	cus changes, as well as			
By signing electronically belov information you have provide	•	•	r knowledge and ability, th	e
Approver Name		Title		

Date