

From: Susan Andersen, CSW <sandersen@transformationsllc.net>	Date: June 28, 2022
To: jpolley@transformationsllc.net	Time: 4:41 pm
Subject: [Missing Subject]	Size: 1.0 MB

Hi Jenni!! I have attached the notarized waiver for the Covid Vaccination and a picture of the Covid Test I took on 6/26/2022. Terri let me know I have to do weekly Covid Tests and email you a picture of the results. Please let me know if I need to get you anything else. Thanks!!!

Sincerely,


Susan Andersen, CSW
Targeted Case Management
sandersen@transformationsllc.net

ATTACHMENTS


Based on your HTML message display preferences, some plain text message part(s) have been hidden as they may be redundant with the displayed HTML content. Additionally, images that seem to be referenced by the displayed HTML are not being shown as separate attachments.

 **Message_Section_1.2.html (HTML, 1.13 KB)**

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 **6.26.22.jpg (JPEG, 30.08 KB)**

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 **S Andersen Vaccine Waiver 6.22_20220628_0001.pdf (PDF, 969.09 KB)**

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Kentucky Public Health
Prevent. Promote. Protect.

**TEAM
KENTUCKY**

DECLINATION OF MANDATORY EPIDEMIC-RELATED VACCINE ADULT, GUARDIAN, OR EMANCIPATED MINOR

The Centers for Disease Control and Prevention (CDC) and Kentucky Department for Public Health (KDPH) recognize immunization as one of the most effective tools in preventing disease and reducing the risks associated with exposure to certain diseases. KRS 214.036 requires a person who objects to immunization during an epidemic for the disease associated with said epidemic shall provide a written sworn statement objecting to immunization based on their religious or conscientiously held belief.

<input checked="" type="checkbox"/>	COVID-19 can cause severe respiratory illness, kidney and liver damage, blood clots, and even death. COVID-19 is easily spread to family members. Some people have continued to have long-term health issues after COVID-19 infections. I understand the risks associated with refusal of this vaccine.	Initials <u>SA</u> Date <u>6/18/22</u>
<input checked="" type="checkbox"/>	I understand and agree that this refusal does not make me exempt from employer or business mandated vaccination. I may still be excluded from work, school, entering a business, or attending an event, until the risk period ends.	Initials <u>SA</u> Date <u>6/18/22</u>

Due to my religious or conscientiously held belief, I object to receiving the required immunizations selected above. I am aware that if I change my mind, I can rescind this objection and obtain the immunization. Initials SA Date 6/18/22
Religious Belief: Initials SA Date 6/18/22 OR Conscientiously Held Belief: Initials SA Date 6/18/22

- Additional information about COVID-19 immunizations and reduced or no cost immunization services is available from the local health department (LHD) in each county.

Name Andersen Susan Elizabeth
Last First Middle
Date of Birth 06/15/1969 Phone number 858-640-0369
MM/DD/YYYY
Email address Sandersen@transformationsllc.net
Signature [Signature]
Date 6/18/2022
MM/DD/YYYY

ROBERT JOHNSON
Notary Public
Commonwealth of Kentucky
Commission Number KYNP1769
My Commission Expires Jan 31, 2024

To be completed by Notary Public

STATE OF Kentucky
COUNTY OF Oldham
Subscribed, sworn to or affirmed under oath and acknowledged before me, a Notary Public in and for the state and county aforesaid by Susan Andersen, on this the 18 day of June, 2022.

Notary Public, State at Large

My Commission Expires: 1/31/2024

Notary email address Robert.X2.Johnson@co.ky.gov

Notary phone number () 502-566-8152

NOTE: Failure to complete this form in its entirety or by making substitutions or changes will result in this form being considered null and void.
You should retain a copy of this form for your personal use.