Declination of COVID-19 Vaccination
For Health Care Personnel

Student's Name: _____ Employee's ID #: _____

I have been advised that I should receive the COVID-19 vaccine to protect myself and the patients I serve. I have read the Center for Disease Control and Prevention's (CDC) Vaccine Information Statement explaining the vaccine and the disease it prevents. I have had the opportunity to discuss the statement and have my questions answered by a healthcare provider. I am aware of the following facts:

- COVID-19 is a serious contagious virus that can easily spread from person to person. Some infected persons may have severe disease and die. No one knows how COVID-19 may affect them.
- COVID-19 vaccination is recommended for me and for all other healthcare workers to help prevent spreading the disease to friends, family and staff and to protect me from getting COVID-19, or from serious illness if I do get infected.
- I understand that, if I contract COVID then, I am potentially contagious for 2 days before any symptoms appear. During this time, and for 10-14 days after infection, I can potentially transmit COVID-19 to patients and staff in this facility and to my family.
- I understand that, if I become infected with COVID-19 then, even if my symptoms are mild or non-existent, I can spread the virus to others. Symptoms that are mild or non-existent in me can still cause serious illness and death in others.
- I understand that, if I get COVID-19 then, I will be required to isolate away from others and will not be able to work for a minimum of 10 days after symptoms appear or 10 days from the date I test positive if I have no symptoms.
- I understand that I cannot get COVID-19 from the vaccine and getting the vaccine is a safer way to build up immunity.
- I understand that side effects usually go away on their own within a week and are a sign that the immune system is working.
- The consequences of my refusal to be vaccinated could be life threatening for me and the health of everyone with whom I have contact, including my co-workers and all patients in this healthcare facility.

I acknowledge that I have read this document in it's entirety and fully understand it. Despite these facts, I have decided to decline the COVID-19 vacccine by my signature below. I realize that I may re-address this issue at any time and accept the vaccination in the future.

Signature: _____ Date: _____

Name/print: _____