



DECLINATION OF COVID 19 VACCINATION

Name: _____ DOB: _____

University/College: _____

It has been recommended that I receive a Covid-19 vaccination in order to protect myself.

I acknowledge that I have been provided information on the Covid-19 Vaccine and have been given the opportunity to ask questions.

I have been encouraged to be vaccinated. However, I decline Covid-19 vaccination at this time.

I understand that by declining this vaccine, I continue to be at risk of acquiring a serious disease. In the future I understand that if I want to be vaccinated, I may do so at any time and update my vaccine status in ACEMAPP.

Signature: _____ Date: _____

Healthier, together.

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