



Declination of COVID-19 Vaccination

Medic has recommended that I receive the COVID-19 vaccination to protect yourself, our community, patients and peers.

I acknowledge that I am aware of the following facts:

- COVID-19 is a highly infectious respiratory disease that can cause mild to severe symptoms, up to and including death.
- The COVID-19 vaccination is recommended for myself and all other healthcare workers to help protect against the COVID-19 virus and its complications.
- If I contract COVID-19, I can shed the virus 5-6 days before symptoms appear. My shedding the virus can spread COVID-19 to others.
- I understand that I cannot get COVID-19 from the vaccine.
- The consequences of my refusing to be vaccinated could have life threatening consequences to my health and the health of those with whom I am in contact, including:
 - Patients
 - Coworkers
 - Family
 - The Community

Despite these facts, I am choosing to decline the COVID-19 vaccination for the following reason:

Medical Religious

To protect others, and myself I understand that by declining the vaccination, I am required to wear all applicable Personal Protective Equipment (PPE), which may include an N95 mask (or other provided respirator/face mask), gown, eye protection, and gloves while on duty as outlined in the Operations SOP/Risk and Safety Policies. Any variation of this requirement may result in progression of the PIPD process deemed appropriate.

Printed Name: _____ Date: _____

Signature: _____ ID Number: _____