



2021-2022 COVID VACCINATION DECLINATION FORM

Name: _____ School/Program: _____ Date: _____

Kaiser Permanente recommends that I receive Covid-19 vaccination to protect the patients serve. I acknowledge that I am aware of the following facts:

- Covid -19 is a serious virus that kills thousands of people in the United States each year.
- If I contract Covid-19, I can shed the virus before symptoms appear, increasing the risk of transmission to others.
- If I become infected with Covid-19, even if my symptoms are mild or non-existent, I can spread the illness to others, who can become seriously ill.
- Covid-19 viruses change often and, even if they do not change, immunity declines over time, making a vaccination necessary.
- I understand that the Covid-19 vaccine cannot transmit Covid-19 and it does not prevent all disease.
- I understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring Covid-19. I have been given the opportunity to be vaccinated against Covid-19 with no charge to me. I further understand that Covid-19 vaccination is recommended by the Centers for Disease Control and Prevention for me and all other healthcare workers to prevent infection from and transmission of Covid-19 and its complications, including death, to patients, my coworkers, my family, and my community. However, I decline vaccination at this time. I understand that by declining this vaccination, I continue to be at increased risk of acquiring Covid-19, a serious disease. If I continue to have occupational exposure to aerosol transmissible diseases and want to be vaccinated, I can receive the vaccination at no charge to me.
- **Because I have declined vaccination for Covid-19, I have been advised that, in order to protect the safety of my patients and myself during the Covid-19 pandemic, I am required by a public health mandate and/or Kaiser Permanente policy to wear a mask when delivering patient care or working in patient care areas. Even if I decline vaccination, I understand that refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including patients, my coworkers, my family and my community.**

Knowing these facts, I choose to decline vaccination at this time. I may change my mind and accept vaccination later if vaccine is available. I have read and fully understand the information on this declination form.

I decline vaccination for the following reason(s). Please check all that apply.

At least one

- My religious beliefs prohibit vaccination.
- I have an allergy or medical contraindication to receiving the vaccine.

Signature: _____ Date: _____