Health Care Professional Declination of Vaccination

My employer or affiliated health facility,

has recommended that I receive vaccination

to protect myself, my patients and coworkers in the hospital.

I acknowledge that I am aware of the following facts:

- is a serious disease with serious consequences to health.
- vaccination is recommended for me and all other healthcare workers to protect this facility's patients and personnel from health complications, and is some instances from death.
- If I contract the virus there are serious possibilities I may spread to patients my coworkers and my family.
- I understand that I cannot get from the vaccine.
- The consequences of my refusing to be vaccinated could have life-threatening implications
- to my health and the health of those with whom I have contact, including
  - all patients in this healthcare facility
  - my coworkers
  - my family
  - my community

Despite these facts, I am choosing to decline vaccination right now for the following reasons:

I understand that I can change my mind at any time and accept vaccination, if the vaccine is still available.

I have read and fully understand the information on this declination form.

Signature: Date:

Name (print):

Department:

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