Hunterdon Health

Declination of COVID-19 Vaccination

My employer or affiliated health facility,______________________________ , recommends that I receive COVID-19 vaccination to protect myself, patients, staff, and others in the healthcare facility.

I acknowledge that I am aware of the following facts (please read and check each box):

☐ COVID-19 vaccination is recommended for me and all other healthcare personnel to protect our staff and our facility's patients from COVID-19, its complications, and death.

☐ If I become infected with COVID-19, even if my symptoms are mild or non-existent, I can spread COVID-19 to others. Symptoms that are mild or non-existent in me can cause serious illness and death in others.

Despite these facts, I am choosing to decline COVID-19 vaccination.

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☐ I understand that I can change my mind at any time and accept COVID-19 vaccination. I have read and fully understand the information on this declination form.

Signature____ Date______________

Name (print) ____

Department____