**INSERT FACILITY LOGO**

**Vaccination Declination Form**

I understand that due to my position at INSERT FACILITY NAME I am at risk of exposure to COVID-19, a disease with potentially serious health risks. I understand the health risks of COVID-19 can be exacerbated by underlying health conditions. The COVID-19 vaccine has been offered to me as an employee at INSERT FACILITY NAME. I was provided with a fact sheet relating to the offered vaccine and the chance to ask questions. I understand the risks and benefits of the vaccine as well as the potential risks of declining the vaccine. I also understand there may not be another opportunity to be vaccinated by my employer. I am voluntarily declining the COVID-19 vaccine.

I acknowledge that by declining this vaccine, I am at risk for acquiring the illness.

Print Employee Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_