



## Employee Declination of 2023-2024 Coronavirus (COVID-19) Vaccination

Name \_\_\_\_\_ Job Title \_\_\_\_\_

Date of Birth \_\_\_\_\_ Clinic Location \_\_\_\_\_

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

- COVID-19 is a serious disease. Since 2020, COVID-19 has killed over a million people in the US.
- If I contract COVID-19, I can shed the virus for 48 hours before any COVID-19 symptoms appear. During viral shedding occurs, I can transmit COVID-19 to patients and staff even if my symptoms are non-existent or mild.
- I understand that due to the nature of work our practice provides, I may be at a higher risk for contracting the COVID-19 virus.
- COVID-19 vaccination is recommended for me and all other healthcare personnel to protect our staff and patients from COVID-19, its complications, and death. The consequences of my refusal to be vaccinated could be life-threatening for my health and the health of everyone with whom I have contact.
- I understand that the strains of virus that cause COVID-19 infection change, and my immunity declines over time. This is why updated vaccination against COVID-19 is recommended.
- I understand that it is impossible to get COVID-19 from a COVID-19 vaccine. None of the COVID-19 vaccines recommended for use in the U.S. contain a live virus.
- I have been given the opportunity to be receive the 2023-2024 COVID-19 vaccine free of charge. If I decide to receive COVID-19 vaccination in the future, I understand that NOAH will provide it at no cost to me.
- Despite these facts, I am choosing to decline the 2023-2024 COVID-19 vaccine. I understand that I will be required to wear a mask while in any NOAH facility during the respiratory season (September 1, 2023 - May 1, 2024) and outbreaks, as directed by NOAH leadership.

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Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date