



Declination of Vaccinations

North Central Health Care has recommended that I receive the COVID and Influenza vaccinations to protect myself and/or the patients I serve.

- I acknowledge that I am aware of the following facts:
 - COVID and Influenza are potentially fatal respiratory diseases.
 - COVID and Influenza vaccinations are recommended for me and all other healthcare workers to prevent the disease and its complications, including death.
 - If I become infected with COVID or Influenza, even when my symptoms are mild, I can spread the severe illness to others.
 - I cannot get the COVID or Influenza disease from the vaccine.

The consequences of my refusing to be vaccinated could endanger my health and the health of those with whom I have contact, including:

- Residents/patients in this healthcare setting
- My coworkers
- My family
- My community

I choose to decline the following vaccinations:

- COVID Vaccination
- Influenza Vaccination

Despite these facts, I am choosing to decline vaccination(s) for the following reasons:

- Personal
- Prefer not to answer
- Religious
- Medical
- Other - _____

I understand that I may change my mind at any time and accept the COVID or Influenza vaccinations if the vaccine is available.

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

Signature: _____ Date: _____

Name (print): _____

Parent/Guardian signature (if under age 18): _____ Date: _____