

# Declination of COVID-19 Vaccination

My employer or affiliated health facility of Glendale Union HCE, 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 is a serious respiratory disease. Each year in the United States, COVID kills thousands of people and causes hundreds of thousands of hospitalizations.
- COVID vaccination is recommended for me and all other healthcare personnel to protect our staff and our facility's patients from the COVID virus, its complications, and death.
- If contract the COVID virus, I can shed the virus for 72 hours before any symptoms appear. During the time I shed the virus, I can transmit the COVID virus to patients and staff in this facility.

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

- I understand that the strains of virus that cause the COVID virus infection change frequently **and**, even if they don't change, my immunity declines over time. This is why vaccination against influenza is recommended every year.
- I understand that it is impossible to get the COVID virus from the COVID-19 virus vaccine.
- The consequences of my refusal to be vaccinated could have life-threatening consequences for **my** health and the health of everyone with whom I have contact, including my coworkers and all patients in this healthcare facility.

Despite these facts, I am choosing to decline the COVID virus vaccination for the following reasons:

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- I understand that I can change my mind at any time and accept the COVID virus vaccination.

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name (print) \_\_\_\_\_

Student-Glendale Union High School District-HCE Program

