

PLEASE RETURN COMPLETED FORM TO CAREGIVER (EMPLOYEE) HEALTH SERVICES

COVID-19 Declination Form 2023-2024

Providence St. Joseph Health and its family of organizations requires caregivers to participate in the COVID-19 vaccination process by either being vaccinated or completing a written declination.

LEGAL NAME: _____ DOB: _____ EMPLOYEE ID# _____

CAMPUS/SITE: _____ DEPT: _____ PHONE: _____

IF NOT EMPLOYED BY PROVIDENCE, CHECK ONE:

- Medical Provider
 Volunteer
 Agency/Contractor
 Student
 Other

I AM DECLINING A COVID-19 VACCINE. I ACKNOWLEDGE THAT I AM AWARE OF THE FOLLOWING FACTS:

- COVID-19 can be very contagious and spreads quickly.
- COVID-19 vaccination is recommended for all healthcare workers to protect our patients from COVID-19 disease, its complications, and death.
- Although vaccinated people sometimes get infected with the virus that causes COVID-19, staying up to date on COVID-19 vaccines significantly lowers the risk of getting very sick, being hospitalized, or dying from COVID-19.
- Persons infected with COVID-19 virus, including those who are pre-symptomatic, can transmit the virus to coworkers and patients, some of whom may be at higher risk for complications from COVID-19.
- Some people are more likely than others to get very sick if they get COVID-19. This includes people who are older, are immunocompromised, have certain disabilities, or have underlying health conditions.
- COVID-19 may attack more than your lungs and respiratory system.
- Some people including those with minor or no symptoms will develop Post-COVID Conditions – also called “Long COVID.”
- I cannot get COVID-19 from the vaccine and studies show that people who have antibodies from an infection with the virus that causes COVID-19 can improve their level of protection by getting vaccinated.
- The consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including my patients and other patients in this healthcare setting, my coworkers, my family, and my community.
- Side effects after a COVID-19 vaccination tend to be mild, temporary, and like those experienced after routine vaccinations.
- I understand I must follow all current infection prevention policies and procedures for my location, such as masking, to limit the possibility of transmission of the virus.
- I understand that I can change my mind and agree to provide my vaccination record if I receive the vaccine in the future.

Resources for future reference:

<https://www.cdc.gov/coronavirus/2019-ncov/your-health/about-covid-19.html>

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>

<https://www.cdc.gov/ncbddd/humandevelopment/covid-19/people-with-disabilities.html>

I am declining the COVID-19 vaccine because of:

- My Licensed independent practitioner-documented allergy or medical contraindication to the components of the vaccine
- My religious beliefs, including my sincerely held ethical or moral beliefs

ELECTRONIC SIGNATURE ACKNOWLEDGEMENT AND CONSENT FORM

I, _____, agree and understand that by signing the Electronic Signature Acknowledgment and Consent Form, that all electronic signatures are the **legal equivalent** of my manual/handwritten signature and I consent to be legally bound to this agreement.

Signature: _____

Date: _____