

UNIVERSITY OF CALIFORNIA
VACCINE DECLINATION STATEMENT – DECLINATION OF COVID-19 VACCINATION

EMPLOYEE OR STUDENT NAME	EMPLOYEE OR STUDENT ID
JOB TITLE (IF APPLICABLE)	LOCATION
DEPARTMENT (IF APPLICABLE)	SUPERVISOR (IF APPLICABLE)
PHONE NUMBER	EMAIL

The University of California strongly recommends that all members of the University community stay Up-To-Date on COVID-19 vaccination consistent with vaccine recommendations adopted by the CDC and CDPH applicable to their age, medical condition, and other relevant indications.

I am aware of the following facts:

- COVID-19 is a serious disease and has caused over 1 million deaths in the United States since February 2020, over 100,000 in California alone.
- The COVID-19 vaccine is recommended for me and other members of the University community to protect our students, patients, faculty, and staff, and our families and communities, from COVID-19, its complications, and death.
- If I contract COVID-19, I can shed the virus for days even before any symptoms appear. During the time I shed the virus, I can transmit it to anyone I contact.
- Approximately 1 in 10 American adults who have had COVID-19 is estimated to be suffering from “Long COVID” – symptoms that can last months or years after COVID-19 and can be debilitating.
- Contracting COVID-19 could have severe consequences for my health and the health of those with whom I have contact, including my coworkers or peers and vulnerable members of our community.
- Non-exempt employees and hourly academic appointees may take up to four hours of paid time to obtain each dose of COVID-19 vaccine recommended to stay Up-To-Date as explained in the UC Policy on Vaccination Programs.

I understand that I can change my mind at any time and accept COVID-19 vaccination. I understand that as long as I am not Up-To-Date on COVID-19 vaccination, I may be required to take precautionary measures as required by my location, such as wearing a mask and increased testing. [**LOCATION OPTION:** “I also will not receive a badge sticker showing that I have received the vaccine.”]

I have read the Vaccine Information Statement or Fact Sheet and the information on this Vaccine Declination Statement, and I have had a chance to ask questions.

Signature: _____ Date: _____