

MRN:
Patient Name:

VACCINE DECLINATION STATEMENT
DECLINATION OF COVID-19 VACCINATION
UC Staff and Students ONLY

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 killed over 1 million people in the United State since February 2020, over 100,000 in California alone.
- The COVID-19 vaccine is recommended for me and other member 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.
- If I become infected with SAR-CoV-2, the virus that causes COVID-19, even if my symptoms are mild or non-existent, I can spread the disease to others, and they can become seriously ill or die as a result.
- 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 in the UC Policy on Vaccination Programs.

Despite these facts, I am voluntarily choosing to decline COVID-19 vaccination. My reason(s) for declining are as follows (*answering each question is optional*):

- | | |
|--|---|
| <input type="checkbox"/> Medical contraindication | <input type="checkbox"/> Want to delay but intend to get vaccinated later |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Religious objection | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Concerned about risks of vaccine more than risks of disease | |

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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 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.

_____	_____	_____
Patient or Representative Signature	Date	Time

If not signed by patient, indicate relationship or guardian: _____

_____		_____	_____	_____
Interpreter Signature		Interpreter ID #	Date	Time