



COVID 19 Vaccine Declination Form

I understand that Summit Healthcare Association (SHA) requires that I receive the COVID-19 vaccine to protect myself, patients, staff, and others in our work settings and surrounding community. I have declined to receive the COVID-19 vaccine for medical or religious reasons. I acknowledge that COVID-19 vaccination is recommended by the Centers for Disease Control and Prevention (CDC) for all health care employees to prevent infection from transmission of COVID and its complications, including death, to patients/residents/clients, my co-workers, my family and my community.

I decline the offer of vaccination for the following reason:

I have a medical contraindication to receiving the vaccine:

Healthcare provider Name & signature of validating the medical contraindication (required):

Provider Name: _____ **Date:** _____

Signature: _____

My religious beliefs prohibit vaccination. Please explain:

Other: Must Explain:

Employee: _____

Department: _____

Signature: _____

Date: _____