

# COVID-19 Vaccine Declination

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## Student Information (Print)

Name: \_\_\_\_\_

School: \_\_\_\_\_

Program: \_\_\_\_\_

I understand the risks, benefits, and side effects of the COVID vaccine and that the vaccine has been shown to decrease the risk of severe illness, hospitalization, and death from COVID infection.

I decline to receive a COVID vaccination at this time.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_