



COVID VACCINE DECLINATION FORM

Full Name: _____ PID: _____ Date of Birth: _____

I affirmatively decline the COVID vaccine at this time.

Initials: _____ **Date:** _____

I understand that I must comply with the Non-Pharmaceutical Interventions (e.g., face coverings, regular asymptomatic testing) for unvaccinated or not fully vaccinated individuals as a condition of my Physical Presence at any University Location/Facility or Program. These required Non-Pharmaceutical Interventions are defined by my Location's public health, environmental health, and safety, occupational health, or infection prevention authorities, including the Location Vaccine Authority. I also understand that I must comply with any additional Non-Pharmaceutical Interventions applicable to my circumstances or position, as required by my Location. **BY SIGNING BELOW, I CERTIFY THAT I HAVE BEEN INFORMED OF THE RISKS OF COVID-19 INFECTION, INCLUDING LONG-TERM DISABILITY AND DEATH, BOTH FOR MYSELF AND FOR OTHERS WHOM I MAY EXPOSE TO THE DISEASE.**

Student Signature