



COVID-19 VACCINE DECLINATION FORM

Staff Member Information:

First Name: _____ Last name: _____

I have read (or it has been read to me) and I understand the Ministry of Health 'COVID-19 Vaccine Information Sheet'.

I have had the opportunity to ask questions and to have them answered to my satisfaction and understand the benefits and risks of the vaccination as described.

I understand that if I decline the vaccine, I may change my mind and request to be vaccinated at a later date, with the understanding that the vaccination will be based on the availability of the COVID-19 vaccine at that time.

_____ I wish to refuse the COVID-19 vaccination (or refuse for the person named above for whom I am authorized to make this request). I understand that I may change my mind and request to be vaccinated later.

I certify that I am the staff member and at least 18 years of age. I acknowledge that in making this decision I have had a chance to ask questions and that such questions were answered to my satisfaction.

_____ Date: _____
Staff Member Signature

Note: Signing of this Declination Form is mandatory if not receiving the vaccine.

Please note below if you have a medical contraindication that prevents you from getting the vaccine. (Medical confirmation may be requested).