

VACCINATION DECLINATION WAIVER FORM

This vaccination declination waiver is for those students and instructors who are declining to receive one or more vaccines listed below. Please defer to each clinical agency's policy for seasonal flu exemptions. Students and instructors attending clinical agencies must adhere to the policies and procedures as specified in the contract between the academic partner and the agency.

Printed Name: _____

Academic Institution: _____

Program of Study: _____

I AM SIGNING A DECLINATION WAIVER FOR: (check all that apply)

HepB _____
Varicella _____

COVID-19 _____
Tdap _____

MMR _____

Further, I certify that: (Place a check in the applicable space below)

_____ *I am exempt from the requirement and have a written statement from a medical provider, which indicates that the vaccine is medically contraindicated. (A LETTER FROM A MEDICAL PROVIDER IS REQUIRED)*

_____ *The administration of the vaccine conflicts with my religious tenets. (A LETTER FROM RELIGIOUS LEADER IS REQUIRED)*

_____ **COVID-19 Only:** I am exercising a personal choice to not be vaccinated and decline to state any other reason.

_____ **Hepatitis B, MMR and Varicella Only:** I'm currently in the process of obtaining the Hepatitis B, MMR or Varicella vaccine (check vaccine(s) above). I'm using the declination waiver until my series is complete or I can produce a positive antibody titer.

By signing this form, I attest to understand that an exemption from vaccination requirements, regardless of the reason, may inhibit my ability to attend required clinical activities. I understand that clinical agencies have the right to deny access to their institution because of vaccination exemption. I understand that by declining the recommended vaccinations, I may increase my risk of contracting and spreading preventable diseases to myself and others.

Student/Clinical Instructor Signature: _____ Date: _____