Declination of COVID-19
Vaccination

The University of California recommends that all members of the community, except for those with an approved exemption/exception, receive a vaccination to protect against COVID-19 disease.

I am aware of the following facts:

- COVID-19 is a serious disease and has killed over 1 million people in the United States since February 2020, 100,000 in California alone.
- COVID-19 vaccine is recommended for members of the community to protect our students, faculty, and staff, and our families and communities, from COVID-19, its complications, and death.
- If I contract COVID-19, I can shed the virus for days even before any symptoms appear. During the time I shed the virus, I can transmit it to anyone I contact.
- If I become infected with SARS-CoV-2, the virus that causes COVID-19, even if my symptoms are mild or non-existent, I can spread the disease to others, and they can become seriously ill or die as a result.
- Nearly 1 in 5 American adults who have had COVID-19 is estimated to be suffering from "Long COVID" – symptoms that can last months or years after COVID-19 and can be debilitating.
- Contracting COVID-19 could have life-threatening consequences for my health and the health of everyone with whom I have contact, including my coworkers or peers and the most vulnerable members of our community.

Despite these facts, I am voluntarily choosing to decline the COVID-19 vaccine. My reason(s) for declining are as follows (*answering this question is optional*):   medical ☐ contraindication ☐ other disability ☐ religious objection ☐ concerned about risks of vaccine more than risks of disease ☐ want to delay but intend to get boosted ☐ other _____

_____ ☐ prefer not to say.

I understand that I can change my mind at any time and accept the COVID-19 vaccine. I understand that as long as I am not Up-to-Date on COVID-19 vaccine, I may be required to wear a mask and to take other precautionary measures, such as testing.

I have read the Vaccine Information Statement or Fact Sheet and the information on this declination form. I have had a chance to ask questions and all of my questions have been answered.

Signature: _____ *Date:* _____

Name (PRINT): _____

Department: _____