



COVID-19 DECLINATION FORM

As a current employee of Citizens Memorial Hospital District or Citizens Memorial Health Care Foundation, I respectfully decline to take the COVID-19 vaccination at this time. I understand that completing this form does not create an accommodation request nor any exception to any future requirements by CMH or other Government mandates.

I understand that Citizens Memorial Healthcare (CMH) recommends I receive the COVID-19 vaccine to protect myself, patients/residents, staff, and others in the facilities and surrounding community. I understand that the COVID-19 is a serious respiratory virus. It has infected and killed hundreds of thousands of people and has caused many more hospitalizations. I understand that by getting the COVID-19 vaccine, I (or the recipient of the vaccine) can protect the residents, employees and family of this facility from COVID-19, its complications, and death. I understand that the COVID-19 vaccination does not cause COVID-19.

I understand that by not getting the COVID-19 vaccine, I (or the recipient of the vaccine) will have to continue to adhere to CDC guidance for unvaccinated individuals in the healthcare setting. This may include masking and frequent testing.

I understand that this form is not a request not an approval of an accommodation request to be exempted from the COVID-19 for a religious or medical reason.

As an employee, I have been provided education and information on the COVID-19 vaccines as well as had opportunity to receive a COVID-19 vaccination (at no cost to me). MY SIGNATURE BELOW ACKNOWLEDGES THAT I HAVE READ AND UNDERSTAND THIS DOCUMENT. **Please submit this form to Employee Health.**

PRINTED NAME: _____

Employee Number: _____

Date: _____ Fac/Dept: _____

Signature: _____
(Electronic signatures are not accepted)

INTERNAL USE: _____

COMMENTS: