



Heart of America Medical Center will be providing the COVID-19 vaccine to employees.

I acknowledge that I have been advised of the following facts:

- COVID-19 is a serious respiratory disease that has killed many individuals in the last year across the world.
- COVID-19 vaccination is important to protect patients and staff from COVID-19 disease, its complications, and death.
- If I contract COVID-19, I will shed the virus for 24–48 hours before COVID-19 symptoms appear. My shedding the virus can spread COVID-19 disease to patients in this facility.
- If I become infected with COVID-19, even when my symptoms are mild or non-existent, I can spread severe illness to others.
- I cannot get COVID-19 from the COVID-19 vaccine.
- My refusal to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including patients, coworkers, family, and community.

Despite these facts, I am choosing to decline COVID-19 vaccination right now.

I understand that:

- I can change my mind at any time and accept COVID-19 vaccination, if vaccine is available.

I have read and fully understand the information on this declination form.

Signature: _____ Date: _____

Name (print): _____