



COVID-19 VACCINE ACCEPTANCE/DECLINATION FORM

A. Acknowledgement of Receipt of Information and Understanding of Risk (REQUIRED)

I UNDERSTAND that I am at risk of acquiring COVID-19 infection. I understand that there is an emergency use authorized vaccine available to protect against COVID-19. I have been provided information on the risks and benefits of the COVID-19 vaccine and I have been given the opportunity to be vaccinated with the Pfizer-BioNTech COVID-19 vaccine at no charge to me

B. Complete the appropriate section below to accept or decline the vaccine: CHOOSE ONE (REQUIRED)

I ACCEPT the COVID-19 vaccination

I DECLINE the COVID-19 vaccine at this time. I understand that by declining the vaccine, I continue to be at risk of acquiring COVID-19, a serious disease that can result in death. If, in the future, I want to be vaccinated, I can receive the vaccine.

Name (Print)

Date

Job Title

Work Location

Signature

Date

Parental or Guardian (Print)

Relationship

Parental or Guardian Signature

Date