

COVID-19 Vaccine Declination

Rev. 6.1.23



Colleague / Candidate Information

Name:

Colleague ID:
(Current Colleagues Only)

Email address:

Phone number:

Health Ministry:

Date:

Department:

Recruiter:
(candidates only)

COVID-19 Vaccine Declination

I have read the information provided to me on the risks, benefits, and side effects of the COVID vaccine.

I was advised that the vaccine has been shown to decrease the risk of severe illness, hospitalization, and death from COVID infection.

I decline the offer of a COVID vaccination at this time.

Signature: _____

Date: _____