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| **Declination of COVID-19 Vaccination** |

TCC Nursing program healthcare partners, recommends that I receive a COVID-19 vaccination to protect myself, patients, staff, and others in the healthcare facility.

**I acknowledge that I am aware of the following facts:**

* COVID-19 is a serious respiratory disease. Each year in the United States, COVID-19 kills thousands of people and causes hundreds of thousands of hospitalizations.
* COVID-19 vaccination is recommended for me and all other healthcare personnel to protect our staff and our facility’s patients from COVID-19, its complications, and death.
* If I contract COVID-19, I can shed the virus for 14 days before any COVID-19 symptoms appear.
* During the time I shed the virus, I can transmit COVID-19 to patients and staff in this facility.
* If I become infected with COVID-19, even if my symptoms are mild or non-existent, I can spread COVID-19 to others. Symptoms that are mild or non-existent in me can cause serious illness and death in others.
* I understand that the strains of virus that cause COVID-19 infection change almost every year and, even if they don’t change, my immunity declines over time. I understand that it is impossible to get influenza from influenza vaccine.
* The consequences of my refusal to be vaccinated could have life-threatening consequences for my health and the health of everyone with whom I have contact, including my coworkers and all patients in this healthcare facility.
* Healthcare partners may require a student to request an exemption following its own procedures or using its own form, and their decision of acceptance or denial of the exemption for clinical placement at their facility will be final. The college is under no obligation to identify alternative sites that will accept a student’s vaccination exemption request.
* Exemption forms have been sent to student services ( [kray@tacomacc.edu](mailto:kray@tacomacc.edu) ) as required by college policy.

**Despite these facts, I am choosing to decline COVID-19 vaccination for the following reasons:**

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* I understand that I can change my mind at any time and accept COVID-19 vaccination.

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_