



Annual Covid Declination

I have been offered the covid vaccine by my employer, Mary Lanning healthcare. I understand that because I work in the healthcare environment, I may place others at risk, patients, and coworkers, if I work while infected with the covid virus.

In declining a covid vaccine today I am aware that:

1. If an outbreak is determined by the Employee Health department and/or Infection Prevention department, I will be required to wear a procedure face mask for all hours on duty until the outbreak is determined to be over.
2. The vaccine does not cause covid illness.
3. The covid vaccine takes approximately two weeks to reach maximum protection; therefore, the vaccine may not decrease my risk of contracting covid illness until that time.
4. A mild to moderate covid illness that I may experience can be life-threatening to vulnerable patients in my care.
5. Covid strains may change, and an immunization received in prior years does not usually provide immunity to this year's covid virus.
6. My decision may increase the risk of covid illness to patients, my family, myself and the community.

I realize only these three reasons to refuse the covid vaccine are acceptable by the CDC, Joint Commission, CMS, and other agencies:

- I have had an allergy to a component of the vaccine in the past.
- I have a history of Guillain-Barré.
- I have been given the vaccine elsewhere. I will provide documentation of date, lot number, brand name and what facility and person administered it to me. See form number: **EH-905**.
- Other reason* – please explain: _____

*All other reasons will be reviewed by Administration.

Printed Name and Title (if applicable)

Date

Signature

Manager's Name

Department

Please circle one: Employee Student Traveler Volunteer Non-Employee Provider