



COVID-19 Vaccine Declination

The Centers for Medicare and Medicaid Services (CMS) require submission COVID-19 vaccination status of colleagues. Colleagues are to provide proof of COVID-19 vaccination(s) or decline COVID-19 vaccine receipt.

****DECLINATION OF VACCINATION ****

I AM CHOOSING NOT TO BE VACCINATED WITH THE COVID-19 VACCINE(S)
due to the following reason(s). (Check all that apply.)

- Medical condition
- Religious reason
- I do not wish to receive the vaccine for unspecified reasons.

I understand that I may change my mind at any time and obtain a COVID-19 vaccine.

If I receive the vaccine, I will provide documentation of vaccination to the college front desk.

PRINTED NAME: _____ **Date** ____/____/____

SIGNATURE: _____

EMPLOYEE:

NON-EMPLOYEE:

PHONE : _____

- Student/Trainee
- Volunteer
- Physician/Physician Assistant/Resident
- NP/CNS/Midwife/CRNA
- Contract Personnel

Employee #: _____

Department: _____

Position: _____

Physician

Circle all areas you work:

Aultman Main ASH AOH AACH Woodlawn