



AGENCY STAFF COVID-19 VACCINATION ACCEPTANCE/DECLINATION

I understand that I may be at risk of being infected by and transmitting Covid-19. I acknowledge that I have received and understand the information regarding the Covid-19 vaccination. I acknowledge that I have been informed and understand the risks of not receiving the Covid-19 vaccination. I further understand that by not receiving the vaccination, I may be at an increased risk of contracting Covid-19, and I may not be permitted to contract work in any facility that requires the vaccine.

I have received the Covid-19 vaccination, and I will provide a copy of my Vaccine Card as required.

DECLINATION

I understand that I may be at risk for acquiring Covid-19 and transmitting the virus to others. I am aware that I have the opportunity to be vaccinated for Covid-19; however, I decline at this time. I understand by declining this vaccine, I continue to be at risk for acquiring Covid-19 and I risk transmitting the virus to others. I understand that, if required by the facility, I will wear a mask and any other required PPE at all times with the exception of the employee lounge/break room. I also understand that I will not be permitted to contract work through any facility that requires agency staff to be vaccinated.

Reason for declining the vaccine:

I have a medical contraindication/condition of severe allergic reaction to eggs.

Religious accommodation

Other

Contractor Name (print)

Contractor Signature

Date