**Declaration of Personal, Medical or Religious Declination for COVID Vaccine**

Whittier College is encouraging all faculty and staff to submit proof of COVID-19 vaccination in order to return to campus. Individuals can be exempt from this if they submit a declination and undergo regular mandatory COVID-19 testing. There may also be other requirements for those not vaccinated such as mandatory quarantine in the event of an outbreak.

|  |  |
| --- | --- |
| Classification: □ Staff □ Faculty □ Contracted Worker | |
| Employee Name: | Employee ID #: |
| Title: | Department: |
| Email: | Phone #: |

COVID-19 is a respiratory illness caused by a newly discovered coronavirus that typically causes mild to

moderate illness, like the common cold, but can lead to dangerous complications. Some individuals, especially older people and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness including hospitalization, intensive care unit admission and death. The COVID-19 vaccine has been carefully evaluated in clinical trials and has been authorized for emergency use because it makes it substantially less likely an individual will contract COVID-19 and become seriously ill. Getting vaccinated not only protects the person who is vaccinated, but may also protects others, particularly those who are at increased risk for severe illness from COVID-19. More studies are ongoing to determine its ability to keep people from spreading the virus that causes COVID-19.

**For up to date COVID-19 information;** you may visit the Center for Disease Control and Prevention website at: <https://www.cdc.gov/coronavirus/2019-ncov/your-health/about-covid-19.html>.

**Reason for Declination:**

**□ Personal** (provide a brief explanation)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**□ Medical** (to be completed by physician)

Description of medical contraindication for COVID-19 vaccination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This contraindication is Permanent or Temporary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the medical exemption is temporary, I agree to submit the proper documentation showing

proof of required immunization once the medical exemption has expired.

If temporary, please indicate expiration of the medical exemption: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Care Provider’s Name, Address, phone # (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized HCP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**□ Religious**

In order to qualify for a religious or philosophical exemption please describe below the religious or philosophical beliefs and how these beliefs are contrary to the practice of immunization. This explanation should include enough detail that the institution can determine that these beliefs are sincerely held and consistently guide and influence the faculty or staff member’s life.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Acknowledgment and Signature**

I have received information from Whittier College about the COVID-19 vaccine. I understand that I may be at risk of acquiring COVID-19 infection and spreading it to others. I have been given the opportunity to be vaccinated with the COVID-19 vaccine, at no charge to me. However, I decline COVID-19 vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring COVID-19, a serious disease. If in the future I want to be vaccinated with the COVID-19 vaccine, I can receive the vaccination series at no charge to me. I understand that Whittier College may require that I wear additional personal protective equipment, I am required to follow social distancing guidelines while on-campus and agree to undergo regular mandatory COVID-19 testing.

I also understand that Whittier College may change its vaccination policy in the future and require additional measures for those who are unvaccinated. By signing this declination, I verify that I am declining the required COVID-19 vaccination by Whittier College and understand the risks and benefits of vaccination.

I understand this Exemption and have had the opportunity to ask questions about it. I verify the truth and accuracy of my statements in this declination and acknowledge that declining vaccination may place me at greater risk of becoming ill.

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