ST. ANTHONY

Declination of Covid-19 Vaccination

My employer or affiliated health facility, St. Anthony Regional Hospital, has recommended that I am up to date with the Covid-19 vaccine in order to protect myself and the patients I serve.

I acknowledge that I am aware of the following facts:

- Covid-19 vaccination is recommended for me and all other healthcare workers to prevent Covid-19 and its complications, including death.
- If I become infected with Covid-19, even if I am asymptomatic or my symptoms are mild, I can still spread severe illness to others.
- I cannot get infected with the Covid-19 virus from the Covid-19 vaccine.
- The consequences of my refusing to be vaccinated could endanger my health and the health of those with whom I have contact, including:
  - patients in this healthcare setting
  - my coworkers
  - my family
  - my community

Despite these facts, I am choosing to decline the Covid-19 vaccination at this time.

I understand that I may change my mind at any time and accept Covid-19 vaccination, if vaccine is available.

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

Signature: _____ Date:_____

Name (print): _____ Dept: _____