

INTENT TO ACCEPT COVID-19 VACCINATION

I understand that as an employee of Sheltered Work Activity Program dba INCOR, Inc., I am eligible to receive the COVID-19 vaccination. I acknowledge that at this time, I intend to accept the COVID-19 vaccination and wish to be notified of the upcoming vaccination clinic.

Please provide the following contact details:

Full Name (PRINT) _____

Mailing Address (PRINT) _____

Telephone Number _____

E-mail address, if any (PRINT) _____

I understand that I can change my mind at any time and decline the COVID-19 vaccination.

I have read and fully understand the information on this intent to accept COVID-19 vaccination form.

Signature: _____ Date: _____

Name (PRINT) _____