

DECLINATION OF 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 I am aware of the following facts (please read and check each box)

- The Centers for Disease Control (CDC) recommends COVID-19 vaccine to be offered to healthcare personnel and residents of long-term facilities.
- COVID-19 vaccination is recommended to help protect our staff and service recipients' from COVID-19, its complications, and death.
- I understand that COVID-19 vaccines are one of the many important tools to help stop this pandemic.
- Despite these facts, I am choosing to decline COVID-19 vaccination. I understand that I can change my mind at any time and accept the COVID-19 vaccination as long as there are sufficient vaccinations available.

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

Signature: _____ Date: _____

Name (PRINT) _____