

Nursing Department

Declination of COVID-19 Vaccination for Students or Faculty in Clinical Courses

Part I: Overview: All health care and residential facilities and agencies must comply with NYS Department of Health sanitary codes. All students and clinical faculty must comply with the policies and procedures in place at the clinical placement sites. If there are not specific forms at the agency, this form is intended to provide alternate documentation. It is highly recommended that all nursing students and clinical nursing faculty discuss the risks and benefits of COVID-19 vaccination with their health care provider and make an informed decision.

PRINT NAME: _____ DATE: _____

EMPL ID: _____

COVID-19 vaccination information: <https://www.immunize.org/vaccines/vis/covid-19/>

Part II: Declination of COVID-19 Vaccination for Students or Faculty in Clinical Courses

I am aware that CDC and the NYS Dept of Health recommends that I receive the COVID-19 Monovalent booster to protect myself, my family, patients and residents. I have read the Center for Disease Control and Prevention's (CDC) Vaccine Information Statement (link shown above) explaining the vaccine and the disease it prevents. I have had the opportunity to discuss the statement and have my questions answered by a healthcare provider. I acknowledge that I am aware of the following facts:

- COVID-19 is a serious, highly contagious disease.
- COVID-19 booster is recommended for me and all other health care workers to prevent COVID-19 disease and its complications, including death.
- If I contract COVID-19, I am potentially contagious before COVID-19 symptoms appear.
- If I become infected with COVID-19, even when my symptoms are mild, I can spread the severe illness to others.
- Side effects of vaccination usually go away on their own within a week and are a sign that the immune system is working.
- I have had the opportunity to ask questions, which have been answered to my satisfaction, and I understand the benefits and risk of the vaccination as described.
- I understand that if I decline the booster, I may change my mind and request to receive it at a later date.

Please check below:

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I certify that I am at least 18 years of age.

Optional:

My reason(s) for declining the booster are: _____

If I decline COVID-19 vaccination, I will wear a mask at all times in all agency areas for the full semester. If I choose not to comply with this patient safety policy, I will be permanently removed from clinical participation for the remainder of the semester which may result in earned absences and course failure.

I acknowledge that I have read this document in its entirety and fully understand it. I have decided to decline the COVID-19 vaccine by my signature below. **I understand that I may receive COVID-19 vaccination at a later date and will update my CastleBranch Compliance Tracker to reflect current vaccination status.**

SIGNATURE: _____