**COVID-19 Booster Declination Form Instructions:**

There are some optional and customizable areas, such as whether you will require or recommend the COVID-19 vaccine. These areas are [highlighted] below for your reference.

*The COVID-19 Booster Declination Form is a template for you to provide to your employees that would like to decline receiving the COVID-19 booster. HR for Health is not a law firm and this document provides general information related to the law but does not provide legal advice.*

*Please note that all policies and forms that we provide should be reviewed by your legal counsel to ensure full compliance with your local, state and federal regulations and that is in accordance with your specific business needs.*

**COVID-19 Booster Declination Form**

[Practice Name] requires that I receive the COVID-19 booster in order to protect myself, our team, our patients and others.

I understand that due to the pandemic and the nature of the work our practice provides, I may be at a higher risk of contracting the COVID-19 virus. I understand that the practice is requiring the COVID-19 booster to ensure my safety and the safety of those around me.

I understand the following information provided by the Centers for Disease Control & Prevention (CDC) regarding the data that supports the need for a booster shot:

“Studies show after getting vaccinated against COVID-19, protection against the virus and the ability to prevent infection with variants may decrease over time and due to changes in variants.

* Although COVID-19 vaccines remain effective in preventing severe disease, recent data suggest their effectiveness at preventing infection or severe illness wanes over time, especially in people ages 65 years and older.
* The recent emergence of the Omicron variant further emphasizes the importance of vaccination, boosters, and prevention efforts needed to protect against COVID-19.
* Data from clinical trials showed that a booster shot increased the immune response in trial participants who finished a Pfizer-BioNTech or Moderna primary series 6 months earlier or who received a J&J/Janssen single-dose vaccine 2 months earlier. With an increased immune response, people should have improved protection against getting infected with COVID-19. For Pfizer-BioNTech and J&J/Janssen, clinical trials also showed that a booster shot helped prevent severe disease.”

I acknowledge the risks associated with not receiving the COVID-19 booster. Despite the information outlined above, I decline the COVID-19 booster at this time for the following reason:

□ Religious Reason

□ Disability/Medical Condition

□ Other\*

\*Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If a disability or medical reason is selected, [Practice Name] requires employees to provide medical documentation to support the need for a reasonable accommodation to decline the booster.

[Practice Name] will continue to follow all federal, state and local regulations including, but not limited to, the CDC, local health departments and OSHA to protect employees and patients during this time. [Practice Name] will not retaliate against or in any way discriminate against employees who cannot receive the COVID-19 booster due to reasons protected by local, state or federal law.

**Employee Acknowledgement:**

I understand that I may retract this declination at any time and receive the COVID-19 booster.

I confirm that I have read the information above and understand it’s contents.

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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