



COVID-19 VACCINE DECLINATION FORM

Staff Member Information:

First Name: _____ Last name: _____

Date of Birth: _____

I acknowledge that I have read, or had explained to me, OSHA's Workers' Rights under the COVID-19 Vaccination and Testing ETS fact sheet.

I have had the opportunity to ask questions, which have been answered to my satisfaction and understand the benefits and risks of the vaccination as described.

I understand that if I decline the vaccine, I may change my mind and request to be vaccinated at a later date, with the understanding that the vaccination will be based on the availability of the COVID-19 vaccine at that time.

_____ I wish to refuse the COVID-19 vaccination, and agree to be tested on a weekly basis to satisfy OSHA requirements. I understand that I may change my mind and request to be vaccinated later.

I certify that I am (a) the staff member and at least 18 years of age or (b) the legal guardian of the staff member named above.

Staff Member Signature Date: _____

Legal Guardian Signature Date: _____

PRINT Legal Guardian Name: _____

Relationship to staff member: _____

If VERBAL DECLINATION was received for the staff member:

Print name of person providing verbal declination

Staff Member Signature (person who received verbal declination) Date: _____

Please give completed forms to Rachel Gaetz or Tommi Neuman, or email hr@bgcmn.org
Thank you!