



**CHEROKEE NATION HEALTH SERVICES
COVID Vaccine Consent/Declination**

Please print this form, fill out the information, and give a copy to your employee health nurse.

Name _____ Date of Birth _____ Dept./Location _____

Allergies: _____

Employee Declination to Receive Vaccination, I understand that due to my occupational exposure to respiratory droplets or other potentially infectious materials, I may be at risk of acquiring a vaccine-preventable communicable disease and/or transmit the disease. I have been made aware of the benefits of the vaccine. I have been given the opportunity to be vaccinated with the above vaccine, at no charge to myself. I decline vaccination at this time and understand that by declining this vaccine, I continue to be at risk of acquiring a serious infectious virus that puts me and others at risk. I understand that I may go the employee health nurse to receive the vaccine at any point in the future.

I understand that I have to complete an educational session as determined by Cherokee Nation Health Services. I am also required to wear a mask and take precautions as directed. Please state the reason for declination below:

Employee's Signature Date: _____
