WINDSOR
HEALTHCARE RECRUITMENT

COVID 19 Declination Form

Print Name:	**Date of Birth:**

	I hereby decline the administration of the COVID 19 vaccine for the following reason(s):
	Severe reaction / anaphylaxis to vaccine
	Fear of Side Effects
	Fear of Needles or Injections
	Fear of catching COVID from the vaccination
	Other reasons:

- I can confirm that I have been provided with information about the COVID 19 vaccination, it's benefits and its side effects.
- I can confirm I have also been advised that this vaccination would be provided to me free of charge.
- I can confirm, I understand that by declining the COVID 19 vaccination, I am at risk of contracting the disease.
- I can confirm, I understand that I pose a risk of passing COVID 19 on to other people including high risk persons.
- I can confirm, that I maybe required to wear a Mask or Respirator throughout my shift, including break times, to protect colleagues and patients.

Signed by Vaccine Decliner:

Signature	**Date**