**Mandatory COVID-19 Booster Declination Form**

[Employer 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 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:

□ Sincerely held religious belief
□ Disability/Medical Condition

If a disability or medical reason is selected, employees are required to provide medical documentation to support the need for a reasonable accommodation to decline the booster.

If a sincerely held religious belief is selected, please describe the religious belief or practice that necessitates this request for accommodation:
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Federal, state and local regulations will continue to be followed including, but not limited to, the CDC, local health departments and OSHA to protect employees and patients during this time. [Employer name] will not retaliate against or in any way discriminate against employees who cannot receive the COVID-19 vaccination 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 its contents.

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

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

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