



COVID-19 Vaccination Declination

I, _____ decline the COVID-19 Vaccination.
(Print Name)

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk for acquiring potential infections or a serious disease. I understand that if I develop COVID-19, I may be contagious to others before I experience any symptoms.

Furthermore, I release Southern University School of Nursing or any agency in which I attend clinical of any responsibility for any consequences of this decision.

Student Signature

Date