

UNIVERSITY OF CALIFORNIA  
VACCINE DECLINATION STATEMENT – DECLINATION OF COVID-19 VACCINATION

EMPLOYEE OR STUDENT NAME EMPLOYEE OR STUDENT ID

JOB TITLE (IF APPLICABLE) LOCATION

DEPARTMENT (IF APPLICABLE) SUPERVISOR (IF APPLICABLE)

PHONE NUMBER

EMAIL

The University of California strongly recommends that all members of the University community stay Up-To-Date on COVID-19 vaccination consistent with vaccine recommendations adopted by the CDC and CDPH applicable to their age, medical condition, and other relevant indications.

I am aware of the following facts:

- The COVID-19 vaccine is recommended for me and other members of the University community to protect our students, patients, faculty, and staff, and our families and communities, from COVID-19, and its complications.
- If I contract COVID-19, I can shed the virus for days even before any symptoms appear. During the time I shed the virus, I can transmit it to anyone I contact.
- If I become infected with SARS-CoV-2, the virus that causes COVID-19, even if my symptoms are mild or non-existent, I can spread the disease to others.
- Approximately 1 in 10 American adults who have had COVID-19 is estimated to be suffering from “Long COVID” – symptoms that can last months or years after COVID-19.

After reviewing the facts above, I am voluntarily choosing to decline COVID-19 vaccination.

I understand that I can change my mind at any time and accept COVID-19 vaccination. I understand that as long as I am not Up-To-Date on COVID-19 vaccination, I may be required to take precautionary measures as required by my location, such as wearing a mask and testing.

I have read the Vaccine Information Statement or Fact Sheet and the information on this Vaccine Declination Statement, and I have had a chance to ask questions.

Signature:

Date: