



Declination of COVID-19 Vaccine for Public Safety Professionals

Maine CDC, Maine EMS, and the MDPB recommend that I receive the COVID-19 vaccination to protect myself, my patients/clients, my colleagues, and others in my community.

I acknowledge that I am aware of the following facts (*please read and initial next to each statement*):

____ COVID-19 is a serious respiratory disease. As of December 16, 2020, over 300,000 people have died in the U.S. and there have been over 16 million people with confirmed cases of COVID-19.

____ COVID-19 vaccination is recommended for me and all other public safety professionals to protect our colleagues and the communities that we serve from COVID-19, its complications, and death.

____ If I contract COVID-19, I may remain infectious for 10 days or more. During this time, I shed the virus and can transmit COVID-19 to my family, colleagues, and the people we serve.

____ If I become infected with COVID-19, even if my symptoms are mild or non-existent, I can spread COVID-19 to others. Symptoms that are mild or non-existent in me may cause serious illness and death in others.

____ I understand that it is impossible to get COVID-19 from the COVID-19 vaccine.

____ I understand that this vaccine has undergone rigorous trials and testing processes that met all the U.S. FDA requirements for issuance of an Emergency Use Authorization (EUA).

____ I understand that receiving this vaccine will be essential to establishing herd immunity and eventually moving back to normal processes.

____ I understand that mRNA vaccines do not alter, change, or even interact with my DNA.

____ The consequences of my refusal to be vaccinated could have life-threatening consequences for my health and the health of everyone with whom I have contact, including my coworkers, my family, and members of the communities I serve.

____ *I understand that I'm being offered the COVID-19 vaccine and I'm electing to not get vaccinated. I understand that I can change my mind at any time and receive the COVID-19 vaccination.*

I have read and fully understand the information on this declination form:

Signature: _____ Date: _____

Name (Print Legibly): _____ DOB: _____

Primary Organization: _____