



## Declination of the COVID-19 Vaccination

My employer, the Town of Crested Butte (Town), has highly recommended that I receive the COVID-19 vaccination to protect myself and the clients I serve, and is offering the vaccine to me at at no charge.

I acknowledge that I have been made aware of the following facts:

- COVID-19 is a serious respiratory disease that has killed hundreds of thousands of people in the United States and around the globe.
- COVID-19 vaccination is recommended for me and all other public employees to protect myself, co-workers and public from COVID-19, its complications, and death.
- If I contract COVID-19, I can shed the virus for 24-48 hours before symptoms appear. My shedding the virus can spread COVID-19 to co-workers and the public.
- If I become infected with COVID-19, even if my symptoms are mild or non-existent, I can spread it to others and they can become seriously ill.
- I understand that I cannot get COVID-19 disease from the COVID-19 vaccine.
- I will be required to follow public health prevention measures consistently, including use of a face mask at all times when working with others. In addition, I will be expected to implement all other public health prevention measures including self-monitoring for symptoms, excluding from work if symptomatic, getting tested if symptomatic or recommended by Town, physical distancing, hand hygiene and enhanced cleaning/disinfection.
- Unless Federally or State mandated, there will be no additional sick time allowance for employees who decline vaccination and contract COVID-19.
- The consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including
  - clients and members of the public served by the Town
  - my coworkers
  - my family
  - my community

Despite these facts, I am choosing to decline COVID-19 vaccination right now.

I understand that I can change my mind at any time and accept COVID-19 vaccination, if vaccine is still available.

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

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

Name (print): \_\_\_\_\_ Department: \_\_\_\_\_