



COVID-19 Vaccination Declination

This form must be approved and signed by your Academic Program Director or Clinical Coordinator

I hereby acknowledge that I am aware the COVID-19 vaccination is required for my admission to Samuel Merritt University.

I decline the COVID-19 vaccine because of (check one or more below):

___ A. Medical reason (must be approved by the Disability Resource Center)

- Primary series & booster shot
- Booster shot only
- Booster shot deferral only (must have documented COVID-19 infection after completing primary series)

Expiration date: _____ (90-days after COVID-positive test or clinical diagnosis of COVID)

___ B. Religious beliefs against immunizations or inoculations (must be approved by the Dean of Students)

I understand that by signing below, I acknowledge that I am aware of the potential consequences of being unvaccinated, including contracting a potentially serious vaccine-preventable disease and transmitting it to others, academic failure and even withdrawal from school as a result of the disease. I also understand that I may be required to participate in or implement additional NPIs (Non-Pharmaceutical Intervention) as directed by the LVA (Location Vaccine Authority) or designee to mitigate risk to patients, students, staff, and faculty and other whenever they access University Facilities or programs in person. These may include more frequent and regular asymptomatic testing.

1. For medical reason, must be an approved accommodation from the DRC
2. For religious reason, must be approved by the Dean of Students
3. Obtain approval signature from your department's Clinical Coordination or program director.
4. Upload a signed copy of this form to Student Health Portal

<https://studenthealth.samuelmerritt.edu/>

Student's Last Name, First

Student Date of Birth

Student's Signature

Date

Approved by DRC or Dean of Students

Date Approved

Approved by Academic Program Director or
Clinical Coordinator

Date Approved