



COVID-19 Vaccination Status Declination Form

Due to the continued risk of COVID-19 infection and transmission, it is highly encouraged that all healthcare workers be offered the COVID-19 vaccine. Full COVID-19 vaccination is an important part of infection prevention and transmission. For more information on COVID-19 visit: [CDC Link](#)

At this time, COVID-19 vaccination is **not** an AMN requirement and your declination is an acceptable form of documentation. **It is possible** that individual healthcare facilities will have different requirements for COVID-19 infection prevention and transmission, including, but not limited to:

- **Required COVID testing**
- **Required COVID vaccination**
- **Mask requirement at all times on facility grounds**

I choose to decline the COVID-19 vaccination at this time and will inform AMN if my vaccination status changes. I understand that I can change my mind at any time and accept vaccination, if the vaccine is still available.

I decline the COVID-19 vaccination for the following reasons:

Medical Religious Personal

Note: Many Clients and States are not accepting personal declination, and requiring supporting documentation for medical or religious reasons.

I **attest** that, to the best of my knowledge and belief, all information in the above referenced data being reported and submitted is accurate and complete.

LAST NAME: _____ FIRST: _____ MIDDLE INITIAL: _____

Date Signed: _____ Signature: _____