

**Affirmation of Declination of
COVID-19 Monovalent Vaccine**

(updated 9-29-2023)

Name: _____ EE# n/a

I am a (circle one) Employee Other prospective volunteer

I have provided my vaccination status to Weinberg Campus (“Community”) and the Community offered a resource for CDC (Centers for Disease Control and Prevention) Vaccine Locator Guidance. I have declined to receive the Monovalent Vaccine.

I understand that if I later decide to be boosted for COVID-19 with a Monovalent vaccine, it is my responsibility to arrange for my vaccination and provide the Community with my “up-to-date” documentation.

I agree to report any change in my vaccination status to the Community for so long as I remain a resident or Community personnel.

I understand that this information is being collected in accordance with 10 NYCRR #66-4.3 and will be maintained in my medical records.

AFFIRMATION: I affirm that the above information is true and correct.

Signature _____ Date: _____