



The UNIVERSITY of OKLAHOMA

COVID-19 Declination Form for Employees and Student Employees

This form is to be used by employees and student employees who are required to receive the COVID-19 vaccine based upon academic or business requirements and are declining the COVID-19 vaccination for the reasons stated below.

DECLINATION OF COVID-19 VACCINATION

I decline to receive a COVID-19 vaccination for one of the following two reasons (initial one):

_____ I have been advised by my health care provider that I am unable to receive the COVID-19 vaccine due to a medical condition.

HSC employees and student employees, submit this form to shane-daniels@ouhsc.edu.
Norman employees and student employees, submit this form to vanessallach@ou.edu.
Tulsa employees and student employees, submit this form to shane-daniels@ouhsc.edu.
OR

_____ I have a non-medical basis to decline the COVID-19 vaccine.

HSC employees and student employees, submit this form to Jessica-A-Rodriguez@ouhsc.edu.
Norman employees and student employees, submit this form to pmclain@ou.edu.
Tulsa employees and student employees, submit this form to Jessica-A-Rodriguez@ouhsc.edu for HSC programs employees and pmclain@ou.edu for Norman programs employees.

FURTHER, I understand and acknowledge each of the following:

_____ (initial) I am submitting supporting documentation of the reason stated above to the applicable email, as directed.

_____ (initial) I understand and agree that by declining to receive the COVID-19 vaccine, in the event no reasonable accommodation is available and/or applicable, this declination may have employment ramifications including but not limited to exclusion from patient areas or restriction from duty for the incubation period of the exposure or disease and/or may mean that I cannot participate in certain activities, clinical experiences/rotations, or academic programs, including traveling internationally.

I hereby certify and affirm that the above information is true and accurate and complete.

Signature: _____ Date: _____

Printed Name: _____ EMPL or Student ID: _____

Once complete, please send an email to your supervisor confirming you have submitted this form to the appropriate person.