



**Waiver for COVID-19 Vaccine**

**Student name:** \_\_\_\_\_

**Student ID:** \_\_\_\_\_

**Program (BSN, MSN, NP, PhD):** \_\_\_\_\_

**Campus if BSN program (Tyler, Longview, Palestine):** \_\_\_\_\_

**Date:** \_\_\_\_\_

I have read and understand the Vaccine Information Statements including the benefits and risks of vaccination for the COVID-19 Vaccine (<https://www.cdc.gov/vaccines/hcp/current-vis/downloads/covid-19.pdf>). I decline to receive the COVID-19 Vaccine. I understand I may be required to submit additional clinical facility specific documentation to be reviewed by the clinical facility.

**Student Signature:** \_\_\_\_\_