

Central Oregon Community College
COVID-19 VACCINATION DECLINATION FORM



Date: ____/____/____

Printed **LAST** name of student: _____

Printed **FIRST** name of student: _____

The Oregon Health Authority strongly recommends that workers in health care settings remain current with COVID-19 vaccination. However, workers in health care settings are no longer required to be vaccinated against COVID-19 under state rules.

[Oregon Health Authority : COVID-19 Vaccination Requirements : Immunization Resources : State of Oregon](#)

I have read the recommendation above and choose to decline COVID-19 vaccination.

Student Signature

Parent/Guardian Signature (if student is a minor)