

Occupational Health Services (OHS)

UPDATED COVID-19 VACCINATION DECLINATION RECORD 2024-2025

ORDER NO. 2024-01-01 OF THE LOS ANGELES COUNTY HEALTH OFFICER: Annual Influenza and COVID-19 Immunization or Masking Requirement for Healthcare Personnel during Respiratory Virus Season.

Frequently Asked Questions (FAQs) For Healthcare Personnel during the Respiratory Virus Season • www.publichealth.lacounty.gov 8/26/2024 , 9/27/2023	
1	Order No. 2024-01-01 requires every Licensed Healthcare Facility and Emergency Medical Services (EMS) provider agency within the jurisdiction of the Los Angeles County Department of Public Health (LAC DPH) to require healthcare personnel (HCP) receive both an annual influenza immunization and the most recently updated COVID-19 vaccine authorized for use in the United States by the FDA for the current respiratory virus season (November 1 - April 30) or wear a respiratory mask for the duration of the season while in contact with patients or working in patient-care areas.
2	The primary purpose of this Health Officer Order is to lower the risk of influenza and COVID-19 transmission to patients and healthcare personnel.
3	COVID-19 is mainly spread to others by droplets that are made when people with the virus talk, sneeze, or cough. Droplets enter in the mouths and noses of those who are close by.
4	I understand that, if I contract COVID-19 then, I am potentially contagious for 2 days before symptoms appear and up to a total of 10 days after infection. I can potentially transmit COVID-19 to patients and staff in this facility and to my family.
5	I understand that, if I become infected with COVID-19, even if my symptoms are mild or non-existent, I can spread the virus to others. Symptoms that are mild or non-existent in me can still cause serious illness and death to others.
6	I understand that, if I get COVID-19, I will be required to isolate away from others and will not be able to work for a minimum of 5 days after symptoms appear or the date, I test positive if I have no symptoms.

I have reviewed the information above regarding the risk and benefit of receiving the updated COVID-19 vaccination being offered free of charge. I acknowledge that I am aware of the above facts. I can also view the PVHMC intranet COVID-19 page for additional information on the updated COVID-19 vaccine. I understand that I can change my mind and accept the vaccination later.

Healthcare Personnel who decline the updated COVID-19 vaccination will be required to wear a respiratory mask when in contact with patients or working in Patient-Care Areas during the respiratory virus season (November 1, 2024 – April 30, 2025).

I choose to decline the Updated COVID-19 vaccination (2024-2025 Formula) at this time for the following reason:

MEDICAL

- I have a medical contraindication
- I've had a severe allergic reaction (e.g., anaphylaxis) to another vaccine (please specify): _____

NON-MEDICAL

- Religious beliefs prohibit vaccination
- Other: _____

By signing below, I attest to follow the Los Angeles County Health Officer Order which requires all Healthcare Personnel (HCP) that have not been vaccinated for COVID-19 wear a mask when in contact with patients or working in Patient-Care Areas during the respiratory virus season which is November 1st to April 30th.

Name (Print legibly) Employee # Department

<p>Check one: <input type="checkbox"/> Associate <input type="checkbox"/> Physician <input type="checkbox"/> Volunteer (Adult) <input type="checkbox"/> Contract/Registry</p>
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Signature Date