



Declination of COVID-19 Vaccination

The University of California recommends that all members of the community, except those who have medical contraindications, receive the most current COVID-19 vaccination recommended by the Centers for Disease Control & Prevention (CDC) to protect against COVID-19 (Coronavirus) during the 2024-2025 season.

According to the [Centers for Disease Control & Prevention \(CDC\)](#), vaccination against COVID has been accepted as a safe and effective way to prevent millions of illnesses and thousands of related doctor and hospital visits every year. COVID vaccination in adults substantially reduces the risk of severe illness. By getting vaccinated, a person can also protect those around them, including those who are more vulnerable to serious COVID illness.

1. The CDC has issued [recommendations](#) regarding updated COVID booster vaccination for the 2024-2025 season. Specifically, *“CDC recommends everyone ages 6 months and older receive an updated 2024-2025 COVID-19 vaccine to protect against the potentially serious outcomes of COVID-19 this fall and winter whether or not they have ever previously been vaccinated with a COVID-19 vaccine.”*
2. *“The virus that causes COVID-19, SARS-CoV-2, is always changing and protection from COVID-19 vaccines declines over time. Receiving an updated 2024-2025 COVID-19 vaccine can restore and enhance protection against the virus variants currently responsible for most infections and hospitalizations in the United States. COVID-19 vaccination also reduces the chance of suffering the effects of Long COVID, which can develop during or following acute infection and last for an extended duration. Last season, people who received a 2023-2024 COVID-19 vaccine saw greater protection against illness and hospitalization than those who did not receive a 2023-2024 vaccine. To date, hundreds of millions of people have safely received a COVID-19 vaccine under the most intense vaccine safety monitoring in United States history.”*
3. **By submitting my declination, I acknowledge that:**
 - a. I have read and understand the information provided in this informed declination.
 - b. I have had the full opportunity to ask questions concerning the vaccine and have received satisfactory answers to my questions.
 - c. I **DO NOT** agree to have the vaccine as recommended.
 - d. I understand that I can change my mind at any time and accept the COVID-19 vaccine.
 - e. I understand that as long as I refuse to accept the COVID-19 vaccine, I will be required to wear a mask at all times while on UCI premises all year around (as defined by policy and/or CDPH).
4. **I am choosing to decline the COVID vaccine for this primary reason:**
 - I have a medical contraindication that would result in a severe allergic reaction to an ingredient in a COVID vaccine or have had a reaction to prior COVID vaccines.
 - I have a history of myocarditis and/or pericarditis following vaccination with an mRNA vaccine
 - Disability
 - Religious Belief
 - Personal Belief
 - Prefer Not To Answer
 - Other: _____

Name (Print):	Department:
Signature:	Date:

This form will expire on 9/30/25.