



Wichita State University
Department of Human Performance Studies
Master of Science in Athletic Training

COVID-19 Vaccine Declination

I, _____ understand that due to my occupational exposure to patients with colds and illnesses, I may be at risk of acquiring COVID-19. I have been given the opportunity to be vaccinated with the COVID-19 vaccine at my own expense. However, I decline the COVID-19 vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring COVID-19, a serious disease. I also understand that I may be refused placement at clinical sites that require proof of the COVID-19 vaccination. If in the future, I continue to have occupational exposure to patients with colds or illnesses and I want to be vaccinated with the COVID-19 vaccine, I can initiate the vaccination at my own expense.

Name of Student (Please Print)

Date

Signature of Student

Date