

## Rowan University COVID-19 Vaccine Declination Form

**SAMPLE FORM: To enter your information, visit  
[go.rowan.edu/wellnessforms](https://go.rowan.edu/wellnessforms)**

Rowan University requires all students to be vaccinated against a variety of communicable diseases, including COVID-19. Students may opt out of the COVID-19 vaccine while it is authorized on an emergency use basis due to medical, religious or personal reasons.

The reason I am opting out is:

- Medical
- Religious
- Personal (only applies while the COVID-19 vaccine is authorized on an emergency use basis)

DECLINATION: I decline the COVID-19 vaccine. Please read and accept the following.

Each box must have an initial for this form to be considered complete.

- I understand COVID-19 is a respiratory illness caused by a coronavirus that may cause mild to moderate illness, like the common cold, but can also lead to dangerous complications. Some individuals are more likely to develop serious illness including hospitalization, intensive care unit admission and death.
- I understand the COVID-19 vaccine has been carefully evaluated in clinical trials and has been authorized for emergency use because it makes it substantially less likely that an individual will contract COVID-19 and become seriously ill. Getting vaccinated protects you and may also protect others, particularly those who are at increased risk for severe illness from COVID-19.
- I acknowledge that I have received information from Rowan about the COVID-19 vaccine. I understand that I may be at risk of acquiring COVID-19 infection and spreading it to others. I decline the COVID-19 vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring COVID-19, a serious disease. If, in the future, I am vaccinated with the COVID-19 vaccine, I will provide proof of vaccination (i.e., documents that provide dates of vaccinations).

- I understand Rowan will require me to submit to regular surveillance testing and may require me to wear additional personal protective equipment while I am on campus. I also understand I will be subject to quarantine and isolation procedures if I test positive or come in close contact with someone who has tested positive.
- I understand that Rowan may change its vaccination policy in the future and require additional measures for those who are unvaccinated.
- I understand and agree to the terms, conditions and guidelines described above. I further understand that by typing my name below, I have completed the declination form electronically and agree that my typed name is the equivalent of my manual signature.

### **NEXT STEP**

**MEDICAL EXEMPTION:** If you chose the medical exemption, submit a signed statement of medical exemption from your primary care provider to [go.rowan.edu/wellnessupload](http://go.rowan.edu/wellnessupload)

**RELIGIOUS EXEMPTION:** If you chose the religious exemption, submit a statement explaining that immunizations conflict with your religious beliefs to [go.rowan.edu/wellnessupload](http://go.rowan.edu/wellnessupload)

**PERSONAL EXEMPTION:** If you chose the personal exemption, your exemption only applies while the vaccines are authorized on an emergency use basis. No further documentation is required.