



**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.

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Name of Student (Please Print)

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Date

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Signature of Student

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Date