



Vital Health Staffing LLC  
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## COVID-19 Vaccine Declination Form

Employee Name (Print): \_\_\_\_\_ Position: \_\_\_\_\_

I understand that **some facilities where I may be assigned, including those regulated by the Centers for Medicare & Medicaid Services (CMS), require COVID-19 vaccination** for healthcare personnel.

I acknowledge that:

1. I have been given the opportunity to receive the COVID-19 vaccine at no cost to me.
2. If I am unvaccinated, I may not be eligible for certain assignments where vaccination is required.
3. I may be required to follow additional safety measures in certain facilities.

**By signing below, I decline the COVID-19 vaccination at this time.**

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Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By (VHS Staff): \_\_\_\_\_ Date: \_\_\_\_\_