



## COVID-19 RELIGIOUS/MEDICAL DECLINATION FORM FOR NURSING ASSISTANT- CERTIFIED PROGRAM

The Colton Redlands Yucaipa ROP Program (CRY-ROP) recognizes the importance of health and safety for employees, students and those we serve in the skilled nursing care and healthcare facilities. CRY-ROP relies on the partnership of our healthcare facilities to allow students and their teachers to serve at their sites to complete the CA Department of Public Health required clinical hours of the Nursing Assistant-Certified programs. As a result, all students and teachers in the Nursing Assistant-Certified program must adhere to the guidelines and requirements as set for the skilled nursing care or healthcare setting.

I am a:  Teacher  Student

### 1. ACKNOWLEDGEMENT:

I understand the California State Public Health Officer Order of August 5, 2021 (the “State Vaccination Order”) requires, subject to certain limited exceptions, that all workers who provide services or work in skilled nursing facilities and certain other healthcare facilities must receive their first dose of a one-dose COVID-19 vaccination regimen such as Johnson & Johnson or their second dose of a two-dose COVID-19 vaccination regimen such as Pfizer-Biotech or Moderna as of October 15, 2021, in order to continue to work or provide services in applicable healthcare facilities after that date. Workers who are exempt from the vaccination requirements as provided in the State Vaccination Order, as a result of a qualifying medical exemption or religious belief, are subject to additional testing and other requirements as provided in the State Vaccination Order.

I acknowledge that I have been given the opportunity to be vaccinated with the COVID-19 vaccine at no cost to me.

I acknowledge that the facility may, at its discretion and to the extent permitted by applicable law, and in an effort to further reduce the risk of COVID-19 infection among residents, staff and others adopt policies or other requirements regarding COVID-19 vaccinations that are in addition to or more strict than applicable legal requirements at this time.

2. **COMPLETE THE FOLLOWING TO DECLINE THE VACCINE: PLEASE CHECK ONE AND ENCLOSE THE APPROPRIATE BACK-UP INFORMATION.**

I **DECLINE** to receive the COVID-19 vaccination at this time, based either on my religious beliefs or due to a qualifying medical reason, as provided below. If I qualify for an exemption from vaccination, I understand that by declining the vaccine, I continue to be at enhanced risk of acquiring COVID-19, and that I will be subject to additional testing and other protocols (as compared to vaccinated workers). If, in the future, I choose to be vaccinated, I may receive the vaccine at any time subject to availability. The qualifying exemption I am claiming is:

I **DECLINE** to be vaccinated, based on my religious beliefs.

I **DECLINE** to be vaccinated, due to a qualifying medical reason- to claim this exemption you must attach a written statement or written order by your treating physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician stating that you qualify for exemption and indicating the probable duration of your inability to receive the vaccine or if the duration is unknown, so indicate.

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Signature

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Date

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Print Name Clearly