

NWIC requires all students submit proof of COVID-19 vaccination. Individuals can be exempt from this requirement if they submit a personal declination.

Legal Name (Last, First)	Date of Birth (MM/DD/YY)
E-mail Address	Telephone Number

COVID-19 is currently understood to be a respiratory illness caused by a newly discovered coronavirus that typically causes mild to moderate illness, like the common cold, but can lead to dangerous complications. Some individuals, especially older people and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness including hospitalization, intensive care unit admission and death.

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 an individual will contract COVID-19 and are less likely to become seriously ill if they do contract the disease. Getting vaccinated not only protects the person who is vaccinated, but may also protects others, particularly those who are at increased risk for severe illness from COVID-19. More studies are ongoing to determine its ability to keep people from spreading the virus that causes COVID-19.

Acknowledgment and Signature

I have received information from NWIC about the COVID-19 vaccine. I understand that I may be at risk of acquiring COVID-19 infection and spreading it to others. I have been given the opportunity to be vaccinated with the COVID-19 vaccine, at no charge to me. However, I decline 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 want to be vaccinated with the COVID-19 vaccine, I can receive the vaccination series at no charge to me. I understand that I may not access NWIC’s campus or any of its location, including participating in any NWIC-sponsored or related event without proof of a COVID-19 vaccine. I also understand that NWIC may change its vaccination policy in the future and require additional measures for those who are unvaccinated.

By signing this declination, I verify that I am declining the required COVID-19 vaccination by Northwest Indian College and understand and assume all the risks of vaccination declining to be vaccinated.

I understand this Personal Declination Form and have had the opportunity to ask questions about it.

Signature: _____ **Date:** _____