

MEDICAL CENTER

Expert care with a personal touch

Occupational Health Services (OHS)

UPDATED COVID-19 VACCINATION DECLINATION RECORD 2023-2024

ORDER NO. 2023-04-01 OF THE LOS ANGELES COUNTY HEALTH OFFICER: Annual Influenza immunization or Masking and Addition of Updated COVID-19 Immunization (2023-2024 Formula) or Masking Requirement for Healthcare Personnel during the 2023-2024 Respiratory Virus Season.

	Frequently Asked Questions (FAQs) COVID-19 Vaccination for Healthcare Personnel www.publichealth.lacounty.gov COVID-19 Vaccination for Healthcare Personnel FAQ's, 9/27/2023
1	The U.S. Centers for Disease Control and Prevention (CDC), Advisory Committee on Immunization Practices (ACIP), California Department of Public Health (CDPH), and Los Angeles County Department of Public Health (LAC DPH) recommend that all healthcare personnel (HCP), including Emergency Medical Services (EMS) providers, stay up to date with COVID-19 vaccination.
2	Higher COVID-19 vaccination levels among HCP are associated with a lower risk of healthcare-associated COVID-19 cases in both patients and personnel.
3	COVID-19 is mainly spread to others by droplets that are made when people with the virus talk, sneeze, or cough. Droplets enter in the mouths and noses of those who are close by.
4	I understand that, if I contract COVID-19 then, I am potentially contagious for 2 days before symptoms appear and up to a total of 10 days after infection. I can potentially transmit COVID-19 to patients and staff in this facility and to my family.
5	I understand that, if I become infected with COVID-19 then, even if my symptoms are mild or non-existent, I can spread the virus to others. Symptoms that are mild or non-existent in me can still cause serious illness and death to others.
6	I understand that, if I get COVID-19 then, I will be required to isolate away from others and will not be able to work for a minimum of 5 days after symptoms appear or the date I test positive if I have no symptoms.

I have reviewed the information above regarding the risk and benefit of receiving the updated COVID-19 vaccination being offered free of charge. I acknowledge that I am aware of above facts. I can also view the PVHMC intranet COVID-19 page for additional information on the updated COVID-19 vaccine. I understand that I can change my mind and accept the vaccination later.

<u>Healthcare Personnel who decline the Updated COVID-19 vaccination (2023-2024 Formula) will be required to wear a respiratory</u> <u>mask when in contact with patients or working in Patient-Care Areas during the respiratory virus season (November 1, 2023 –</u> <u>April 30, 2024).</u>

I choose to decline the Updated COVID-19 vaccination (2023-2024 Formula) at this time for the following reason: MEDICAL

□ I have a medical contraindication

I've had a severe allergic reaction (e.g., anaphylaxis) to another vaccine (please specify): _______

NON-MEDICAL

Religious	beliefs	prohibit	vaccination
	Deners	promote	vaccination

Other:

By signing below, I attest to follow the Los Angeles County Health Officer Order which requires all Healthcare Personnel (HCP) that have not been vaccinated for COVID-19 wear a respiratory mask when in contact with patients or working in Patient-Care Areas during the respiratory virus season which is November 1st to April 30th.

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Name (Print legibly)	Employee #	Department		gistry	
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