



Kentucky Public Health
Prevent. Promote. Protect.



DECLINATION OF MANDATORY EPIDEMIC-RELATED VACCINE ADULT, GUARDIAN, OR EMANCIPATED MINOR

The Centers for Disease Control and Prevention (CDC) and Kentucky Department for Public Health (KDPH) recognize immunization as one of the most effective tools in preventing disease and reducing the risks associated with exposure to certain diseases. KRS 214.036 requires a person who objects to immunization during an epidemic for the disease associated with said epidemic shall provide a written sworn statement objecting to immunization based on their religious or conscientiously held belief.

<input type="checkbox"/>	COVID-19 can cause severe respiratory illness, kidney and liver damage, blood clots, and even death. COVID-19 is easily spread to family members. Some people have continued to have long-term health issues after COVID-19 infections. I understand the risks associated with refusal of this vaccine.	Initials _____ Date _____
<input type="checkbox"/>	I understand and agree that this refusal does not make me exempt from employer or business mandated vaccination. I may still be excluded from work, school, entering a business, or attending an event, until the risk period ends.	Initials _____ Date _____

Due to my religious or conscientiously held belief, I object to receiving the required immunizations selected above. I am aware that if I change my mind, I can rescind this objection and obtain the immunization. Initials _____ Date _____
Religious Belief: Initials ___ Date _____ OR Conscientiously Held Belief: Initials ___ Date _____

- *Additional information about COVID-19 immunizations and reduced or no cost immunization services is available from the local health department (LHD) in each county.*

Name _____
Last First Middle

Date of Birth _____ **Phone number** () _____ - _____
MM/DD/YYYY

Email address _____

Signature _____

Date _____
MM/DD/YYYY

<i>To be completed by Notary Public</i>
STATE OF _____) COUNTY OF _____)
Subscribed, sworn to or affirmed under oath and acknowledged before me, a Notary Public in and for the state and county aforesaid by _____, on this the _____ day of _____, 20_____.
Notary Public, State at Large
My Commission _____ Expires: _____
Notary email address _____
Notary phone number () _____ - _____

NOTE: Failure to complete this form in its entirety or by making substitutions or changes will result in this form being considered null and void.

You should retain a copy of this form for your personal use.