



Wesbury Resident Covid19 Vaccine Declination

I am requesting an exemption from receiving the 2020-2021 COVID-19 vaccination under Wesbury's Vaccination Program for:

Name: _____ Date: _____
(clearly print first and last name)

I am requesting an exemption due to:

____ An adverse reaction after receiving previous immunizations

____ Guillain-Barre Syndrome

____ Religious Exemption (must specify religion) _____

____ No medical reason for exemption

____ Other (must be specified) _____

I have been provided with the Covid19 Vaccination information. I understand the risks and benefits of the vaccine.

Signature of resident or Responsible Party:

_____ Date: _____