



## **COVID-19 VACCINATION WAIVER**

I, \_\_\_\_\_ received and reviewed the information provided by Keystone College regarding the COVID-19 virus. I am fully aware of the risks associated with contracting COVID-19 and of the availability and effectiveness of the vaccinations against the disease. I knowingly decided not to receive a COVID-19 vaccine. I am aware at this time that I am at risk for contracting COVID-19, until I am fully immunized on a future date. I understand that I have only 2 months to become fully vaccinated once the FDA lifts the emergency use authorization status and a COVID-19 vaccination is fully approved.

### **COVID-19:**

COVID-19 is a respiratory disease caused by SARS-CoV-2, a new coronavirus discovered in 2019. The virus is thought to spread mainly from person to person through respiratory droplets produced when an infected person coughs, sneezes, or talks. Some people who are infected may not have symptoms. For people who have symptoms, illness can range from mild to severe. Adults 65 years and older and people of any age with underlying medical conditions are at higher risk for severe illness. For more information on COVID-19 and the vaccine, please visit: [www.cdc.gov/coronavirus/2019-ncov/index.html](http://www.cdc.gov/coronavirus/2019-ncov/index.html)

**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Notes:** \_\_\_\_\_

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