



Health Services
LOS ANGELES COUNTY

EMPLOYEE HEALTH SERVICES

DECLINATION
2024-25 COVID-19 VACCINE

Mandatory Employee Health 2024-25 COVID-19 Vaccine Declination

Los Angeles County Department of Public Health issued a Health Officer Order that requires healthcare personal be vaccinated with the 2024-2025 Formula COVID-19 vaccine. Healthcare personal who decline the updated COVID-19 vaccination must provide a written declination. Healthcare personal who decline or have not yet obtained the updated COVID-19 vaccine must wear a respiratory mask while working at a DHS campus for the duration of the respiratory virus season. All information will be handled in a confidential manner. Please complete the form and return it to Employee Health Services for processing. To protect your information, you may complete this form and place it in a sealed envelope.

PLEASE PRINT LEGIBLY

DOB (MM/DD/YY)

Grid for DOB (MM/DD/YY)

E or C #

Grid for E or C #

LAST NAME

Grid for LAST NAME

FIRST NAME

Grid for FIRST NAME

Worksite selection checkboxes: LA GENERAL MEDICAL CENTER, LA GENERAL HAWKINS, HARBOR, OLIVE VIEW, RANCHO, CORRECTIONAL HEALTH, JUVENILE COURT, ACN, HSA, EMS, COMMERCE, MLK, OTHER.

E # STAFF

C # STAFF

DHS County Employee section with fields for Title, Dept., Ext., and Paid by DHS.

OR

Contract, Non-County/Non-DHS Workforce Member section with checkboxes for various roles and fields for Title, Dept., Ext., Agency/School.

SECTION I – I DO NOT WANT A COVID-19 SHOT (Must complete in full if declining)

I decline the COVID-19 2024-2025 vaccination for the current 2024-2025 respiratory virus season. I acknowledge that COVID-19 vaccination is recommended by the CDC for all healthcare personnel to prevent infection from transmission of COVID-19 and its complications, (including death), to my patients, my co-workers, my family, and my community. I understand the benefits and risks of the vaccine. I understand that if I decline the vaccine, I may change my mind and receive the COVID-19 vaccine, if still available, by reporting to Employee Health.

I decline vaccination for the following reason(s):

I have a medical contraindication. My philosophical or religious beliefs prohibit vaccination.

Other: _____

Is there anything that would change your mind to get vaccinated? _____

Do you provide direct patient care? Yes No

I am aware that I will be required to wear a surgical mask starting Nov. 1st - April 30th, during work hours while on DHS campus.

Your Signature

Date

EMPLOYEE HEALTH SERVICES ONLY

Date received: _____

Entered into database

Initials _____