



Department of PA Medicine
College of Osteopathic Medicine
MICHIGAN STATE UNIVERSITY

Recommended Vaccine for Healthcare Professionals Declination Form

Date: _____

Student Name: _____

While the COVID 19-vaccine is recommended per the CDC guidelines for Healthcare Professionals, it is not a requirement for the MSU PA Medicine Program. However, healthcare systems have their own requirements for employees and student learners for COVID-19 vaccine.

I, _____, acknowledge that MSU PA Medicine does not require me to have the COVID-19 vaccination for enrollment in the MSU PA Medicine Program. I acknowledge that the MSU PA Medicine Program and Michigan State University do not have a current process for COVID-19 vaccine waiver for clinical rotations required by the MSU PA program.

I further acknowledge and understand that even if I have a previous waiver in place, it is at the discretion of the clinical site to accept the waiver. I acknowledge I may have to go through individual clinical site processes to apply for a COVID-19 vaccine waiver, which may or may not be approved.

I understand the ability to rotate in certain healthcare systems without a COVID-19 vaccination is out of the control of the MSU PA Medicine program. I understand that my COVID-19 vaccination status may affect my ability to go to certain healthcare systems and could affect my ability to graduate on time and/or my completion of the program.

Student Name (Printed): _____

Student Signature: _____

Program Director Name: (Printed) _____

Program Director Signature: _____