



Department of PA Medicine
College of Osteopathic Medicine
MICHIGAN STATE UNIVERSITY

Declination Form

Date: _____

Student Name: _____

Regarding CDC Recommended Vaccine(s):

- COVID-19 (vaccination is based on shared clinical decision making)
- Polio (recommended for all adults)

While the above checked vaccine(s) is/are recommended per the CDC guidelines for Health care Personnel, they are not a mandated requirement of the MSU PA Medicine Program. However, healthcare systems have their own requirements for employees and student learners for these recommended vaccines.

I, _____, acknowledge that MSU PA Medicine does not require me to have the above checked vaccination(s) 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 vaccine waivers for clinical rotations required by the MSU PA program without severe/life-threatening medical exemption.

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 recommended vaccine waiver, which may or may not be approved.

I understand the ability to rotate in certain healthcare systems without these recommended vaccinations is out of the control of the MSU PA Medicine program. I understand that my 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, if the system has different requirements than MSU PA Medicine.

Student Name (Printed): _____

Student Signature: _____