

WOFFORD COLLEGE

Name (printed) _____ W# _____

WAIVER OF COVID-19 BOOSTER IMMUNIZATION DUE TO STRONG PERSONAL OBJECTION

COVID-19 is a highly contagious respiratory virus that affects individuals. Anyone, regardless of age, can experience long-term medical problems and death. This virus spreads through respiratory secretions related to speaking, singing, yelling, coughing and sneezing. Infected individuals can spread the virus to others.

Prevention strategies include wearing a mask and maintaining physical distance when around others. These strategies affect what is accepted as “normal life,” which makes them an additional challenge.

The COVID-19 vaccines and boosters are very safe and highly effective at preventing death and hospitalization. When large numbers within a population are immunized, viral spread will be significantly limited. Everyone within a community contributes to this protective approach. Booster shots for the Moderna and Pfizer vaccines are recommended at least five months after initial series, and the booster for the Janssen is recommended at least two months after the initial vaccine. You can take a different booster vaccine than your initial series if you so choose.

Side effects related to vaccination primarily include pain at the injection site, headache, fever and chills, and/or body aches that last for about 24 hours.

Choosing to forego booster vaccines puts one at risk for getting the disease with the associated risk of long-term medical problems or death. By choosing not to receive the booster, you run a greater risk of becoming ill with COVID-19 and will be required to isolate per Centers for Disease Control and Prevention guidelines if you become infected or exposed. If you have chosen not to get a booster shot for COVID-19, you will be responsible for securing your own quarantine and isolation space off campus should you be exposed to the virus. The college follows CDC guidelines for isolation and quarantine after exposure to COVID-19.

I HAVE READ and reviewed the information provided above concerning the risks and benefits of the COVID-19 vaccine. **For strong personal reasons, I have chosen NOT to be vaccinated with a booster vaccine and, therefore, accept the potential consequences associated with this decision.** This includes, but is not limited to, the responsibility to isolate or quarantine off campus, to undergo regular screening for COVID-19 and wear a mask.

STATEMENT OF STRONG PERSONAL OBJECTION _____

Signature

Date

Parent/guardian if for student under age 18

Date