



**GARDINER CITY COUNCIL  
AGENDA ITEM INFORMATION SHEET**



<b>Meeting Date</b>	02/17/2021	<b>Department</b>	Other
<b>Agenda Item</b>	4.i Consider Approval of COVID-19 Declination Form		
<b>Est. Cost</b>	n/a		

Background Information

The Emergency Operations Command Team worked through the process of developing a COVID-19 declination form for team members.

This form is not a condition of employment and will only be signed and acknowledged by those employees that have been offered the vaccine.

<b>Requested Action</b>	'I move to adopt the COVID-19 declination form as presented.'
<b>City Manager and/or Finance Review</b>	The EOC team recommends the above action.
<b>Council Vote/ Action Taken</b>	
<b>Departmental Follow-Up</b>	

<b>City Clerk Use Only</b>	1 <sup>st</sup> Reading _____	Advertised _____	<b>EFFECTIVE DATE</b> _____
	2 <sup>nd</sup> Reading _____	Advertised _____ w/in 15 Days	
	Final to Dept _____	Updated Book _____	Online _____



The United States Center for Disease Control (CDC), the Maine CDC, the Maine Emergency Management Services, and the Medical Direction and Practices Board recommend that I receive the COVID-19 vaccination to protect myself, my colleagues, and others in my community.

I acknowledge that I am aware of the following facts (*please read and initial next to each statement*):

COVID-19 is a serious respiratory disease. As of February 8, 2021, over 465,000 people have died in the U.S. and there have been over 27 million people with confirmed cases of COVID-19.

COVID-19 vaccination is recommended for me and all other city employees to protect our colleagues and the communities that we serve from COVID-19, its complications, and death.

If I contract COVID-19, I may remain infectious for 10 days or more. During this time, I shed the virus and can transmit COVID-19 to my family, colleagues, and the people we serve.

If I become infected with COVID-19, even if my symptoms are mild or non-existent, I can spread COVID-19 to others. Symptoms that are mild or non-existent in me may cause serious illness and death in others.

I understand that it is impossible to get COVID-19 from the COVID-19 vaccine & I understand that mRNA vaccines do not alter, change, or even interact with my DNA.

I understand that this vaccine has undergone rigorous trials and testing processes that met all the U.S. FDA requirements for issuance of an Emergency Use Authorization (EUA).

I have received a copy of the City of Gardiner's current COVID-19 Policy and I understand that this policy may be updated in the future.

I understand that I am being offered the COVID-19 vaccine as part of the State of Maine's COVID-19 phased in Vaccination Plan for city employees. I understand that receiving it is not a condition of my employment.

SEE REVERSE SIDE

PLEASE INITIAL THE APPLICABLE STATEMENTS BELOW:

\_\_\_ At this time, I am electing to receive a vaccination that is being offered to me, and that it may require that I receive 2 shots in order to be effective and that they can be spaced 28 days a part.

\_\_\_ At this time, I am electing to not get vaccinated. I understand that I can change my mind at any time and receive the COVID-19 vaccination, however, I realize that I have lost my place as a priority to receive the vaccination and as such, I will be contacting my primary care physician and shall be required to wait as appropriate.

\_\_\_ I understand that I'm being offered the COVID-19 vaccine and I'm electing to not get vaccinated.

\_\_\_ I understand that I can change my mind at any time and receive the COVID-19 vaccination.

I have read and fully understand the information on this form:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Print Legibly): \_\_\_\_\_ DOB: \_\_\_\_\_