



## HEALTH SERVICES

BUTLER COMMUNITY COLLEGE

Student Name \_\_\_\_\_ Student ID: @ \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_

### WAIVER OF IMMUNIZATION AGAINST COVID-19

COVID-19 is a highly contagious respiratory virus that affects people of all ages. This virus can cause long-term medical problems and death regardless of age. This virus spreads through respiratory secretions related to speaking, singing, yelling, coughing, and sneezing. Infected individuals can spread the virus to others. Up to 50% or more of people can be infected without realizing it.

Prevention strategies include wearing a mask and physically distancing when around others. These strategies affect what is accepted as “normal life”, are a challenge to adhere to, and therefore are frequently ignored.

The COVID-19 vaccines 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. Each individual of a community can contribute to this protective approach.

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

Choosing to forego vaccination puts one at risk for getting the disease with the associated risk of long-term medical problems or death. Individuals who elect not to be vaccinated against COVID-19 may put others they interact with at risk. Due to this risk to others, Butler Community College reserves the right to require one to isolate or quarantine on campus should they develop or are exposed to COVID-19. By choosing not to be vaccinated, you run a greater risk of becoming ill with COVID-19 and will be required to isolate per CDC guidelines if you become infected. Those not vaccinated against COVID-19 and exposed to someone with the disease will be required to quarantine for up to 10 days.

**I have read and reviewed the information provided above concerning the risks and benefits of the COVID-19 vaccine. For personal reasons, I have chosen NOT to be vaccinated and therefore accept the potential consequences associated with this decision. This includes, but is not limited to the responsibility to isolate or quarantine on campus if required by Butler Community College.**

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
If Student is a Minor,  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Please send this form to Butler Community College Health Services:  
Email: collegehealth@butlercc.edu  
Fax: (316) 323-6850