



SPIRIT LAKE TRIBE

PO. BOX 359 • FORT TOTTEN, ND 58335 • PHONE 701-766-4221 • FAX 701-766-4126

Spirit Lake Tribal Employee Refusal to Vaccinate

Employee Name: _____ DOB: _____

I was advised that I should receive one of the following COVID-19 vaccines:

____ Moderna COVID-19 Vaccine Declined: _____

____ Pfizer-BioNTech COVID-19 Vaccine Declined: _____

____ Johnson & Johnson (Janssen) COVID-19 Vaccine Declined: _____

I have been provided with and given the opportunity to read each Vaccine Information Statement from the Centers for Disease Control and Prevention explaining the vaccine(s) and the disease(s) it prevents.

I have decided to decline the vaccine, as indicated by my initials in the "Declined" column. I agree to wear a mask in public when on the Spirit Lake Reservation and follow other CDC guidelines. My failure to quarantine, or failure to wear a mask in public, may subject me to discipline by the Spirit Lake Tribe.

I know that I may reconsider my decision to decline vaccination with my medical provider at any time and that I may change my mind and accept the available COVID-19 vaccine at any time. I acknowledge that this "Refusal to Vaccinate" form will be retained in my personnel file.

I acknowledge that I have read this document in its entirety and fully understand it and the implications of my refusal to be vaccinated for the coronavirus.

By signing this form I will agree to not hold Spirit Lake Tribe and its entities liable in the event I contract the disease due to lack of vaccinations.

Employee Signature: _____ Date: _____

Witness: _____ Date: _____

I have had the opportunity to discuss my decision and I still decline at this time:

Employee Initials: _____ Date: _____