

# CITY OF SAN DIEGO

## Mass Vaccine Distribution Tracking Form

Name: \_\_\_\_\_ Employee #: \_\_\_\_\_  
*(Last)* *(First)* *(Employee ID OR SSN)*

Dept.: \_\_\_\_\_ Div.: \_\_\_\_\_  
*(Department)* *(Division)*

**YES**, I am willing to participate in the COVID-19 Vaccine Distribution program.

Vaccines can interfere with or cause an adverse reaction to prescription medication. Vaccines may also cause a severe allergic reaction in some people. I acknowledge that I may wish to or need to consult with my personal physician before receiving the vaccine.

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

Number of individuals living in my household: \_\_\_\_\_

**NO**, I am not/no longer willing to participate in the COVID-19 Vaccine Distribution program at this time.

I understand that due to my occupational exposure to the public I may be at risk of exposure to **COVID-19**. I have been given the opportunity to receive the vaccine, at no charge to myself. However, I decline the vaccine at this time. I understand that by declining the vaccine, I continue to be at risk from potential exposure. If in the future I continue to have occupational exposure to COVID-19 and I want to obtain the vaccine, I can receive the vaccine at no charge to me. I also understand that should I contract COVID-19, it will still be considered presumptive.

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

### *Mass Vaccine Distribution Information*



Dose #	Name of Individual	Age	Information from Dose
1			
2			
3			
4			
5			
6			