



Stony Brook  
School of Nursing

COVID-19 Vaccination  
WAIVER/DECLINATION

To Whom It May Concern:

I, \_\_\_\_\_ choose not to have the COVID-19 vaccination. I understand declining the vaccine may affect my ability to secure certain clinical placements.

STUDENT'S NAME \_\_\_\_\_

(Please Print)

STONY BROOK ID # \_\_\_\_\_

PROGRAM \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_