

Declination of COVID-19 Vaccination

As a Resident (or a Resident’s legal Representative) knowing that it is recommended that myself or the Resident I am the legal Representative for receive the COVID-19 vaccination to protect myself, (or the Resident I am responsible legally for) patients, staff, and others in the healthcare facility and the community.

I acknowledge that I am aware of the following facts (please read and check each box):

- COVID-19 is a serious infectious disease and as the current pandemic, causes hundreds of thousands of hospitalizations.
- COVID-19 vaccination is recommended for me to protect staff and facility’s patients from COVID-19 infection, its complications, and death.
- If I become infected with COVID-19, even if my symptom is mild or non-existent (asymptomatic), 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.
- The consequences of my refusal to be vaccinated could have life-threatening consequences for my health and the health of everyone with whom I have contact, including workers and all patients in this healthcare facility.
- I have received the information on the COVID-19 Vaccination and have read the EUA Fact Sheet.

Despite these facts, I am choosing to decline COVID-19 vaccination for the following reasons:

- I understand that I may change my mind at any time and accept the COVID-19 vaccination.

I have read and fully understand the information on this declination form.

Signature _____ **Date** _____

Name (print) _____

Name of Resident I am legally Responsible for: _____

reference: CDC. Prevention with Vaccines: Recommendations of the Advisory Committee on Immunization Practices – United States, ... Access links to current ACIP recommendations