



Declination of COVID-19 Vaccine For Residents

Resident's Name: _____ Medical Record #: _____

I have been advised that above resident should receive the COVID-19 vaccine as a protection from the respiratory disease or to mitigate its consequence. I have read the Emergency Use Authorization information and the Vaccine Summary Sheet explaining the vaccine and the disease it prevents. I am aware of the following facts:

- COVID-19 is a serious respiratory disease that has killed thousands in the United States since March 2020.
- COVID-19 vaccination is recommended for all residents and all other healthcare personnel to protect other residents from COVID-19, its complications, and death.
- If a resident contracts COVID-19, he/she can shed the virus for 48 hours before COVID-19 symptoms appear. The shedding virus can spread COVID-19 to other residents and healthcare personnel in this facility.
- If a resident becomes infected with COVID-19, the resident can spread severe illness to others even when the symptoms are mild or non-existent.
- The recipient of the vaccine cannot get COVID-19 from the vaccine.
- The outcome of the resident refusing to be vaccinated could have life-threatening consequences to their health and the health of those with whom the resident has contact, including all residents in this healthcare facility, workers, and their community.
- Until more information is known about COVID-19, regardless of vaccination status, the resident will continue to wear a face mask and practice social distancing throughout the building.

I acknowledge that I have read this document in its entirety and fully understand it. Despite these facts, I have decided to decline the COVID-19 vaccine for the resident by my signature below. I realize that I may re-address this issue and notify the facility at any time and accept resident vaccination in the future.

Signature: _____ Date: _____