DECLINATION OF COVID-19 VACCINATION

Resident or Staff Name: _____

My health facility, _____, has offered the opportunity for me to receive a COVID-19 vaccination to protect myself and other residents or employees in the facility.

I acknowledge that I am aware of the following facts:

COVID-19

- COVID-19 is a serious respiratory disease that has infected millions and killed hundreds of thousands of people in the U.S. in 2020 alone.
- The Advisory Committee on Immunization Practices (ACIP) identifies long-term care residents as some of the nation's most vulnerable individuals and has prioritized my access to this vaccination.
- The emergence of variants further emphasizes the importance of vaccination and prevention efforts needed to protect against COVID-19.
- Accordingly, the Centers for Disease Control and Prevention (CDC) recommends that I receive any authorized and age-appropriate COVID-19 vaccine to protect myself and this facility's patients from COVID-19, its complications and death.
- If I contract COVID-19, I can shed the virus even without presenting symptoms.
- My shedding the virus can spread COVID-19 to other patients and staff in this facility.
- If I become infected with COVID-19, even if my symptoms are mild or non-existent, I can spread it to others and they can become seriously ill.
- I understand that I cannot get COVID-19 from any currently authorized or proposed COVID-19 vaccine.
- The result of my refusing to be boosted could have life-threatening consequences to my health and the health of those with whom I have contact.

Despite these facts, I am choosing to decline coronavirus vaccination right now for the following reasons:

_____

_____

_____

I understand that I can change my mind at any time and accept this vaccination if it is still available. I understand that current vaccine supply and demand dynamics may preclude me from receiving timely administration at a later date.

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

Signature: _____ Date: _____

Name (print): _____