**Declination of Covid-19 Vaccine** **For Residents**

**Residents’s** **Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_**

 **Date of Admission: \_\_\_\_\_**

I have been advised that I should receive the Covid-19 vaccine to protect myself, my peers, and the healthcare workers. I have read or have had explained to me the Emergency Use Authorization information and the Vaccine Summary Sheet explaining the vaccine and the disease it prevents. I have had the opportunity to discuss the statement and have my questions answered by a healthcare provider. I am aware of the following facts:

 Covid-19 is a serious respiratory disease that has killed thousands in the U.S. since March 2020.

 Covid-19 vaccination is recommended for me, my peers, and healthcare personnel to protect everyone in this facility from Covid-19, its complications, and death.

 If I contract Covid-19, I can shed the virus for 48 hours before Covid-19 symptoms appear. My shedding the virus can spread Covid-19 to residents in this facility.

 If I become infected with Covid-19, I can spread severe illness to others even when my symptoms are mild or non-existent.

 I understand that I cannot get Covid-19 from any of the Covid-19 vaccines.

 The consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including all residents in this healthcare facility, coworkers, my family and my community.

 I acknowledge that I have read this document in its entirety and fully understand it. I have been offered the Covid-19 vaccine. Despite these facts and the opportunity to receive the vaccine, I have decided to decline at this time. I understand that should I change my mind I can request to be vaccinated at a later date, with the understanding that the vaccination will be based on the availability of the Covid-19 vaccine at the time.

 **Resident’s Signature**: **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Witness**: **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I certify that I am the healthcare representative/legal guardian of the above named resident. I acknowledge that I have read or have had explained to me the Covid 19 Emergency Use Authorization Fact Sheet Authorization information t explaining the vaccine and the disease it prevents. I have had the opportunity to discuss the statement and have my questions answered by a healthcare provider. I acknowledge that the Covid-19 vaccine has been offered for the above named resident and I am declining vaccination on their behalf at this time. I understand that should I change my mind I can request to be vaccinated at a later date, with the understanding that the vaccination will be based on the availability of the Covid-19 vaccine at the time.

**Representative/Guardian’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Staff Member Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(**if verbal declination**)