



RESIDENT DECLINATION OF COVID-19 VACCINE

My health care facility, _____ has recommended that I receive a COVID-19 vaccine to protect myself against the virus.

I acknowledge that I am aware of the following facts:

- COVID-19 is a respiratory disease that causes mild to severe respiratory illness which is transmitted chiefly by contact with infectious material (such as respiratory droplets) and can result in the following symptoms: fever, cough, GI symptoms, loss of taste and smell, and shortness of breath and may progress to pneumonia and respiratory failure
- COVID-19 vaccine is recommended for me to protect myself from COVID-19, its complications and death
- I understand that the vaccine is not a live virus and is made from mRNA material from the SARS-CoV-2 virus that causes COVID-19.
- I understand that I cannot get COVID-19 from the vaccine
- I understand the consequences of my refusing the vaccine could have life-threatening consequences to my health
- I have been provided a copy of the Emergency Use and Authorization Form (EUA) for the Pfizer-Biontech COVID-19 vaccine.

Despite these facts, I am choosing to decline the COVID-19 vaccine at this time. I am aware that the availability of the COVID vaccine in the future will depend on manufacturer production and the facility's access to the vaccine

Resident Name:

Signature of Resident/Responsible Party:

Unit:

Room Number:

Date:

If verbal declination obtained, name and signature of two licensed staff:

Name: _____ Signature: _____

Name: _____ Signature: _____

