

COVID-19 Vaccination Declination Form

Name: _____

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

I acknowledge I am aware of the following facts about COVID-19:

- COVID-19 is a serious respiratory disease that has infected millions and killed hundreds of thousands of people in the United States 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.
- Accordingly, the Centers for Disease Control and Prevention (CDC) recommends that I receive any authorized and age-appropriate COVID-19 vaccine and/or booster to protect myself and this facility's residents from COVID-19, its complications and death.
- If I contract COVID-19, I can spread the virus even without presenting symptoms.
- If I spread the virus without presenting symptoms, the virus can spread COVID-19 to residents 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 I cannot get COVID-19 from any currently authorized or proposed COVID-19 vaccine and/or booster.
- The consequences of my refusing to be vaccinated could be life-threatening for me and for those with whom I have contact.

Despite these facts, I am choosing to decline COVID-19 vaccination and/or the booster right now for the following reasons:

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

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

Signature: _____ Date: _____

Name (print): _____