

Updated 2023-2024 COVID-19 Vaccination Consent/Declination

Last: _____ First: _____

DOB: _____

To the best of your knowledge, does/has the person ever had the following:

Adverse Reaction to the COVID-19 vaccine or other vaccinations? No Yes

History of Guillain-Barre Syndrome? No Yes

I Consent to receiving the Updated 2023-2024 COVID-19 Vaccination

I (resident/decision maker) have read, had explained and/or have been given a copy of the patient information sheet for the 2023-2024 COVID-19 vaccine. I (resident/decision maker) have had a chance to ask questions or ask for additional information. I (resident/decision maker) believe I (resident/decision maker) understand the benefits and risks of the 2023-2024 COVID-19 vaccine, and request that the updated COVID-19 vaccine be given to me, or the person named above, for whom I am authorized to make this request.

I am choosing to Decline the Updated 2023-2024 COVID-19 Vaccination

I (resident/decision maker) have been advised that I (resident) should receive the Updated 2023-2024 COVID-19 Vaccine. I have received the patient information sheet explaining the vaccine and the disease it prevents. I have had the opportunity to discuss the vaccine and have my questions answered by a healthcare provider. I (resident/decision maker) am aware of the following facts:

- COVID-19 is a serious respiratory disease that has killed thousands in the United States over the past year.
- The updated COVID-19 vaccination is recommended for me (resident) and all other residents and staff to protect this facility's other residents and staff from COVID-19, its complications, and death.
- If I (resident) contract COVID-19, I (resident) can shed the virus before COVID-19 symptoms appear or if I (resident) remain asymptomatic. My (resident) shedding the virus can spread COVID-19 to other residents and staff in this facility and families that may visit during this time.
- If I (resident) become infected with COVID-19, I (resident) can spread severe illness to others even when my (resident) symptoms are mild or non-existent.
- I (resident/decision maker) understand that even if I (resident) have tested positive for COVID-19 in the past that it is safe and recommended for me (resident) to receive the updated COVID-19 vaccine.
- I (resident/decision maker) understand that I (resident) cannot get COVID-19 from the COVID-19 vaccine.
- The consequences of my (resident/decision maker) refusing to be vaccinated could have life-threatening consequences to my (resident) health and the health of those with whom I have contact, including other residents in this healthcare facility, the staff in this facility, my (resident) family and friends and my (resident) community.
- I am authorized to make this health care decision for myself (resident), or this resident (healthcare decision maker) However, it is my decision to decline the vaccination at this time, regardless of the information that I have received about its importance and the risk of not receiving it. I understand the consequences of my decision, including the continuity of risk of endangering my (resident) health and of others from being infected due to COVID-19. I understand that I may choose to receive the vaccination at any time, understanding receipt is based on vaccination availability.

By signing this form, I hereby declare and acknowledge that I have read and fully understand the information on this form.

Print Name of Resident or HCP/Decision Maker/Legal Guardian

Relationship to Resident

Signature of Resident or HCP/Decision Maker/Legal Guardian

Date

Below is for Facility Use Only

Check if verbal consent obtained

Date

Time

Print Name of Witness #1

Print Name of Witness #2