

Pneumococcal Vaccination (PCV15, PCV20, or PPSV23) Consent/Declination

Last: _____ First: _____

DOB: _____ Age: _____ Vaccine being administered/received (circle one): PCV15 PCV20 PPSV23

To the best of your knowledge, have you (employee/resident) ever had the following:

Adverse reaction to previous pneumococcal vaccine? No Yes (if yes, refer to medical provider for further guidance)

Applicable only to the PCV15 and PCV20 vaccines:

Adverse reaction to any vaccine containing diphtheria toxoid (e.g., Tdap)? No Yes (if yes, refer to medical provider for further guidance)

I Consent to receiving the Pneumococcal Vaccination (PCV15, PCV20, or PPSV23)

I have received the Vaccine Information Statement (VIS) for the pneumococcal vaccine. I am aware that if I would like additional information or have questions, I am able to contact the facility Infection Preventionist (IP), other appointed nurse, or facility healthcare provider/medical director. I believe I understand the benefits and risks of the pneumococcal vaccine, and request that the pneumococcal 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 Pneumococcal Vaccination (PCV15, PCV20, or PPSV23)

I have been advised that I/resident should receive the pneumococcal vaccine. I have reviewed the VIS explaining the vaccine and the disease it prevents. I have had the opportunity to discuss the statement and have my questions answered by the facility IP, other appointed nurse, or facility healthcare provider/medical director. I am aware of the following facts:

- Pneumococcal disease is a serious disease that can result in long-term problems in individuals aged 65 years and older and those with certain high risk medical conditions .
- The pneumococcal vaccination is recommended for me/resident to help prevent pneumococcal disease caused by pneumococcal bacteria that may result in serious illness with complications leading up to and including hospitalization, and/or death.
- I understand that I/resident cannot contract pneumococcal disease from the pneumococcal vaccine.
- The consequences of my/resident refusing to be vaccinated could have life-threatening consequences to my/resident’s health.
- I am authorized to make this health care decision for myself, 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’s health from being infected due to pneumococcal disease. I understand that I may choose to receive the vaccination at any time, understanding receipt is based on qualification to receive the vaccination and its availability.

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

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

Relationship

Signature of Employee/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