

**Confirmed Shared Clinical Decision-Making Occurrence and Consent/Declination for the
Pneumococcal Vaccination (PCV20)**

Last: _____ First: _____

DOB: _____

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

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

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 recommended Pneumococcal Vaccination (PCV20)

The resident/HCP/decision maker and I engaged in a shared decision-making conversation regarding the pneumococcal vaccination. We discussed risk vs. benefit, pneumococcal vaccine information/facts, clarified my/resident's treatment preferences, and they answered and reviewed all my questions and concerns. I have read, had explained and/or have been given a copy of the Vaccination Information Statement (VIS). I have had a chance to ask questions or ask for additional information. 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 (PCV20)

I have engaged in a shared decision-making conversation regarding the pneumococcal vaccination with a qualified healthcare provider. We discussed risk vs. benefit, pneumococcal vaccine information/facts, and reviewed my/resident's treatment preferences, and all my questions and concerns were answered. The qualified healthcare provider also reviewed why the pneumococcal vaccine is recommended for me due to my risk factors of developing severe disease associated with pneumococcal disease. I have read, had explained and/or have been given a copy of the VIS explaining the vaccine and the disease it prevents. 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, and that a qualified healthcare professional (Registered Nurse (RN), Advanced Practice Provider (APP), or Physician) and I engaged in a shared decision-making conversation regarding the pneumococcal vaccination. We discussed risk vs. benefit, pneumococcal vaccine information/facts, clarified my/resident's treatment preferences, and they answered and reviewed all my questions and concerns. We agreed to the following vaccination treatment plan (either vaccination acceptance or declination) as noted above.

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