

COVID Vaccine Declination Form

Last Name

First Name

Resident Staff

I acknowledge that I have read, or had explained to me, the Coronavirus Disease (COVID-19) General Information handout and the Emergency Use Authorization (EUA) Fact Sheet regarding the COVID-19 vaccine.

I have had the opportunity to ask questions, which have been answered to my satisfaction and understand the benefits and risks of the vaccination as described.

I understand that if I decline the vaccine, I may change my mind and request to be vaccinated at a later date, with the understanding that the vaccination will be based on the availability of the COVID-19 vaccine at that time.

I wish to refuse the COVID-19 vaccination (or refuse for the person named above for whom I am authorized to make this request). I understand that I may change my mind and request to be vaccinated later when it becomes available.

I certify that I am (a) the patient/resident/staff member and at least 18 yrs of age or (b) the representative of or the legal guardian of the patient/resident named above. I acknowledge that in making this decision I have had a chance to ask questions and that such questions were answered to my satisfaction.

Patient / Resident / Staff Member Signature

Date:

Legal Representative Signature:

Date:

Print Legal Representative Name:

Relationship to patient/resident: