



COVID-19 VACCINATION DECLINATION 2020-2021

Resident or employee name: _____

DOB: _____

I understand that due to the high national infection rate, the pandemic, combined with any additional personal risk factors (work exposure, comorbidities, congregate or group living status), I may be at increased risk of acquiring COVID-19. I have been given the opportunity to be vaccinated against COVID-19; however, I decline the vaccination at this time. I understand that by declining this vaccine, I continue to be at increased risk of acquiring COVID-19. I also understand that it is not known when I may have another opportunity to be vaccinated.

I acknowledge that I have read and understand the statement above.

Name of Person Signing Form: _____

Relationship: _____

Signature: _____

Date: _____

*Signature of person declining vaccine (or parent, guardian, or authorized representative)

If signing on behalf of the person listed above, you are stating that you are authorized to provide the required consents on behalf of that person.

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