



*St. Anne's
Retirement Community* _____

St. Anne's Retirement Community (SARC) Declination of COVID-19 Vaccination Form

SARC has recommended that I receive the COVID-19 vaccination to protect myself, my family, health care personnel, and other residents. This vaccine will be administered by a Walgreens provider.

I acknowledge that I have read and understand the following facts:

- COVID-19 is a serious virus that has killed over 250,000 and hospitalized thousands more in the United States in 2020.
- The COVID-19 vaccination is recommended for all residents and health care personnel to protect everyone from the COVID-19 virus, its complications, and death.
- I may be exposed to the COVID-19 virus through visitors, staff or other residents.
- If I contract COVID-19, I will likely be contagious for several days before I exhibit symptoms. During this pre-symptomatic time, I can spread the virus in this facility.
- If I become infected with COVID-19, even when my symptoms are mild or non-existent, I can spread severe illness to others.
- The consequences of my not being vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including other residents, staff and visitors.

Despite these facts, I am choosing to decline COVID-19 vaccination right now for the following reason(s):

I understand that I can change my mind at any time and accept the COVID-19 vaccine if the vaccine is available.

I understand that I will be required to wear a surgical mask and face shield as directed for the foreseeable future until otherwise instructed by SARC.

I have read and fully understand the information on this declination form.

Signature of Resident

Date

OR

Signature of Responsible Party

Date

Resident Name (print) _____