



**Bivalent COVID-19 Booster
VACCINATION DECLINATION**
(Residents)

Resident Name _____
Date _____

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 receive the booster vaccine against COVID-19 at no charge to me. 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. If, during this COVID-19 disease cycle, I continue to have increased exposure to aerosol transmissible diseases (including COVID-19) and want to be vaccinated, I can receive the vaccination in the future if still available.

INSTRUCTIONS: complete Option 1 OR Option 2 citing reason.

- Option 1- Reason(s) for declination (*check as apply*): ☐ I do not like needles.
☐ I am allergic to vaccine components. ☐ I am concerned about vaccine safety.
☐ Vaccine is against my personal belief. ☐ I do not believe I need the vaccine.
☐ I believe I can get COVID if I get the shot. ☐ I am concerned about vaccine side effects.
☐ I had non-confirmed COVID and believe I am immune.
☐ I had confirmed COVID and believe I am immune.
- Option 2-Proof of Vaccination:
☐ I have received the COVID-19 vaccine elsewhere. Please indicate where and provide proof of vaccination with this form ☐ Primary Physician ☐ Worksite
☐ Other _____

I acknowledge and confirm that the above information is correct.

Resident Signature _____

OR

Responsible Party/ Power of Attorney Name/Signature