



Long-Term Care Staff and Resident  
COVID-19 Vaccination  
Education Acknowledgement, Consent / Declination Form

Staff/Resident Name: \_\_\_\_\_ Sex:  F  M Date of Birth: \_\_\_\_\_  
Last First MI

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility Name \_\_\_\_\_

Y / N has offered me an opportunity to obtain COVID-19 vaccine

Y / N has provided me with education about the benefits, risks and potential side effects associated with the COVID-19 vaccine

Y / N has explained to me whether the COVID-19 vaccine I am being offered requires one or more doses of the vaccine as currently recommended by the vaccine manufacturer

I CONSENT TO BE VACCINATED OR I HAVE SHOWN PROOF OF HAVING BEEN VACCINATED FOR COVID-19

Date vaccinated: \_\_\_\_\_ Location: \_\_\_\_\_

Signature \_\_\_\_\_ Signer's Name \_\_\_\_\_  
Staff / Resident / Representative Print Clearly

DECLINATION: I have decided to decline COVID-19 vaccination at this time for the reason(s) listed below:

Reason(s): \_\_\_\_\_

I understand that as a resident or staff of a Long-Term Care Facility, it is recommended that I get vaccinated against COVID-19 to maximize protection from COVID-19 infection in the facility, and prevent inadvertent health outcomes for myself and/or others.

Signature \_\_\_\_\_ Signer's Name \_\_\_\_\_  
Staff / Resident / Representative Print Clearly

Date \_\_\_\_\_

Witness:

Signature \_\_\_\_\_ Signer's Name \_\_\_\_\_  
Print Clearly

Date \_\_\_\_\_