

Declination of COVID-19 Vaccination

North Central Health Care has recommended that I receive the COVID-19 vaccination to protect myself, other patients, and residents I reside with.

- I acknowledge that I am aware of the following facts:
 - COVID-19 is a serious respiratory disease that has killed over 200,000 US citizens since the beginning of 2020.
 - COVID-19 vaccination is recommended for me and everyone to prevent COVID-19 disease and its complications, including death.
 - If I contract COVID-19, I will shed the virus for 24-48 hours before COVID-19 symptoms appear. My shedding the virus can spread COVID-19 infection to others in this facility.
 - If I become infected with COVID-19, even when my symptoms are mild, I can spread the severe illness to others.
 - I cannot get the COVID-19 disease from the vaccine.

The consequences of my refusing to be vaccinated could endanger my health and the health of those with whom I have contact, including:

- Residents/Patients in this healthcare setting
- Direct Care Staff
- My Family
- My Community

Despite these facts, I am choosing to decline COVID-19 vaccination right now.

I understand that I may change my mind at any time and accept the COVID vaccination if the vaccine is available.

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

Signature: _____ Date: _____

Name (print): _____

Department: _____

Resource: <http://www.health.state.mn.us/divs/idepc/diseases/flu/vaccine/vaxhcw/>