

Election of Vaccinations

Resident: _____

I have read the information provided by the facility representative regarding the information on the vaccines listed below. I understand the benefits, potential hazards, and have been presented with the opportunity to receive the vaccination at no additional cost. I further understand the vaccination is made available annually should I decide to receive it at a later time. I recognize the facility assumes no responsibility to encourage vaccination and shall not be liable for any adverse reaction a resident might have to receiving the vaccination or for any illness acquired that could have been prevented had the resident elected to receive the vaccination.

Consent to Receive		Vaccination	Historical Administration	Education Provided	
Accept	Decline			No	Yes
<input type="checkbox"/>	<input type="checkbox"/>	COVID	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Influenza	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Shingles	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Pneumococcal	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	RSV	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>

Signature – Resident/Responsible Party

Date

Relationship to Resident

Signature – Facility Representative

Date