

COVID-19 VACCINE DECLINATION

Employee Name _____ EE ID # _____

WHY VACCINATE?

COVID-19 (coronavirus disease 2019) is a disease caused by a virus named SARS-CoV-2. It can be very contagious and spreads quickly. COVID-19 most often causes respiratory symptoms that can feel much like a cold, the flu, or pneumonia. COVID-19 spreads when an infected person breathes out droplets and very small particles that contain the virus. Anyone infected with COVID-19 can spread it, even if they do NOT have symptoms.

THE VACCINE

Vaccine recommendations are based on age, time since last dose, and in some cases, the first vaccine received. Pfizer-BioNTech COVID-19 vaccine is a mRNA vaccine. Everyone 6 years and older should get 1 updated Pfizer-BioNTech COVID-19 vaccine, regardless of whether they've received any original COVID-19 vaccines. People aged 65 years and older may get 1 additional dose of COVID-19 vaccine 4 or more months after the 1st updated COVID-19 vaccine. People who are moderately or severely immunocompromised may get 1 additional dose of updated COVID-19 vaccine 2 or more months after the last updated COVID-19 vaccine.

EXCEPTIONS

If in the past you have had a severe allergic reaction to an ingredient in an COVID-19 vaccine or if you have a known allergy to an ingredient in a COVID-19 vaccine, you should not get that COVID-19 vaccine.

WHAT TO EXPECT AFTER THE SHOT

Side effects after getting a COVID-19 vaccine can vary from person to person. Side effects after a COVID-19 vaccination tend to be mild, temporary, and like those experienced after routine vaccinations. For adults 18 years or older, side effects can include redness and swelling on the arm where the shot was administered and tiredness, headache, muscle pain, chills, fever, and nausea throughout the rest of the body.

I HAVE READ THE ABOVE INFORMATION, HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS. I DECLINE THE VACCINE AT THIS TIME. I UNDERSTAND I CONTINUE TO BE AT RISK OF ACQUIRING COVID-19. IF IN THE FUTURE, I CHANGE MY MIND AND WANT TO BE VACCINATED I CAN REQUEST AND RECEIVE IT. DECLINE

I DECLINE THE VACCINE BECAUSE I HAVE ALREADY HAD THIS VACCINE.

DECLINE

Date

Volunteer Signature

Parent Signature

Volunteer Staff Signature