

Maunalani Nursing and Rehabilitation Center

Declination of COVID-19 Vaccination

Maunalani Nursing and Rehabilitation Center 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 contacts, 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-19 vaccination at a later date, with the understanding that the vaccination will be based on the availability of the COVID-19 at that time.

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

Date _____

Patient/Resident/Staff Member Signature

Name (print) _____

Department: _____

Attachment: Benefits of Getting a COVID-19 Vaccine

<https://www.youtube.com/watch?v=YNj4ti-7t5Q> Long-Term Care Community Champions

<https://www.youtube.com/watch?v=k0WbAhveyDY> Voices From the Front Line