**COVID-19 VACCINE CONSENT - Residents**

Resident Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

In anticipation of at least one COVID-19 vaccination receiving Emergency Use Authorization by the U.S. Food and Drug Administration (FDA), Dominion Senior Living and our staff ("Dominion") are making arrangements for the distribution and administration of the vaccination to our residents. The federal government has stated they are providing the vaccine itself at no charge to Long Term Care communities.

As you are likely aware, older adults and those with certain underlying medical conditions are at an increased risk of severe illness from COVID-19. While health authorities and the medical community have learned a significant amount regarding COVID-19 since March 2020, many details are still unknown. As with any medical device or product approved under an Emergency Use Authorization, this vaccination has NOT undergone the FDA's typical approval process. The Vaccine Information Sheet (VIS) has yet to be released as well. As a result, there may be unknown risks and complications associated with the vaccination. That said, we will answer as many questions as we can. Additionally, the Centers for Disease Control and Prevention updates their website regularly with the latest information.

To the extent you wish to receive the COVID-19 vaccination, you acknowledge that the administration and/or use of the vaccine by Dominion constitutes a Covered Countermeasure and Recommended Activity by a Covered Person under the Public Readiness and Emergency Preparedness Act, 42 U.S.C. § 247d-6d, 247d-6e, and the Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID-19, 85 Fed. Reg. 15198 (Mar. 17, 2020), amended by 85 Fed. Reg. 21012 (April 15, 2020). As such, Dominion has broad immunity related to the administration and/or use of this vaccine, expect in cases of willful misconduct. Dominion also asserts any and all liability protections afforded by Kentucky law in the administration or use of this vaccine, including but not limited to Senate Bill 150.

I have read or have had explained to me, information about COVID-19 Vaccines. I have had a chance to ask questions, which were answered to my satisfaction. I understand that as with any medication or vaccination, serious problems, even death, can occur. I understand that this vaccine has been granted an Emergency Use Authorization and is not FDA-approved. As a result, its risks and complications are not fully known. I acknowledge that Dominion is not responsible for any adverse reactions that I may sustain. I understand the benefits and risks of receiving the COVID-19 vaccine and request that the vaccine be given to me, or the person named for who I am authorized to make this request.

* I wish **TO RECEIVE** the COVID-19 vaccine when available
* I **DECLINE** the COVID-19 vaccine.
  + In declining, I understand that I am at risk for exposure and possibly severe illness from COVID-19. I have been given the opportunity to be vaccinated with the COVID-19 vaccine at the Community. However, I decline the COVID-19 vaccine at this time. I understand that by declining this vaccine, I may continues to be at risk for COVID-19 and I may also put other residents and contacts at risk. Should I wish to receive the vaccine in the future, I will notify Dominion.

Signature Date

Print: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Relationship: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CDC Information**

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html>