**Declination of The Pfizer-BioNtech COVID-19 Vaccination**

My employer or affiliated health facility, **Brownway Residence, Inc.** , recommends that I receive The Pfizer-BioNtech COVID-19 vaccination to protect myself, patients, staff, and others in the healthcare facility.

I acknowledge that I have received, read and understand the Fact Sheet given to me titled**, FACT SHEET FOR RECIPIENTS AND CAREGIVERS EMERGENCY USE AUTHORIZATION (EUA) OF THE PFIZER-BIONTECH COVID-19 VACCINE TO PREVENT CORONAVIRUS DISEASE 2019 (COVID-19) IN INDIVIDUALS 16 YEARS OF AGE AND OLDER**. I also acknowledge that I can go to the website to see updated Fact Sheets at <https://www.cvdvaccine-us.com/> .

Despite these facts, I am choosing to decline influenza vaccination for the following reasons:

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I also understand that after the dates of the Pfizer-BioNtech COVID-19 vaccination clinic at Brownway Residence, it is unknown of when I could receive the vaccination if I change my mind.

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

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Signature (Resident/Staff/Guardian) Date

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Name Printed Date



01/13/2021

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Amanda St.Cyr, Executive Director Date