



COVID-19 Immunization Education Form 2021

I acknowledge that I am aware of the following facts:

- The virus that causes COVID-19 is a coronavirus that has spread throughout the world
- COVID-19 symptoms can range from mild (or no symptoms) to severe illness.
- Coronaviruses are most commonly spread from an infected person through:
 - respiratory droplets when you cough or sneeze
 - close personal contact
 - touching something with the virus on it, then touching your eyes, nose or mouth before washing your hands
- By getting the COVID-19 vaccine, you protect yourself and others because you are less likely to spread the virus.
- In Canada, as of January 07 2021, over 600 000 cases of COVID-19 and over 16 000 deaths have been reported due to COVID-19¹
- The consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including
 - all the residents
 - my coworkers
 - my family
 - my community

Despite these facts, I am choosing to decline the COVID-19 vaccination right now for the following reasons:

These reasons

- Help us to plan for future improvements
- Minimize asking the same person over and over again if they would like the vaccine

I understand that I can change my mind at any time and accept the COVID-19 vaccination, if vaccine is still available.

Date: _____

Name of Staff (print): _____

Signature of Staff: _____

¹ <https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html>