

# CONSENT FORM FOR COVID-19 VACCINE

Resident Name \_\_\_\_\_

Room Number \_\_\_\_\_

Resident's Physician: \_\_\_\_\_

The new COVID-19 vaccine is now available for long-term care and retirement home residents in Ontario. This vaccine is an effective way to reduce the chance of serious illness from the COVID-19 virus. It requires 2 doses, with the 2<sup>nd</sup> dose given 21 to 28 days after the 1<sup>st</sup> dose.

People who are elderly, immunocompromised, or have chronic illnesses are at higher risk of severe outcomes from COVID-19 illness, including death. It is strongly recommended that all residents living in long term care and retirement homes be vaccinated to prevent or lessen the severity of COVID19 illness.

Possible side effects of the COVID-19 vaccine can include soreness, redness and/or swelling around the injection site; tiredness; headache; muscle pain; joint pain; fever; chills; and swollen glands (less frequently). These generally only last for a day or two, and are usually mild. These symptoms are more likely to occur after the 2<sup>nd</sup> dose. The benefits of the vaccine outweigh these possible side effects. The vaccine is effective at preventing COVID-19 even if you do not develop these side-effects.

You should **not** receive the COVID-19 vaccine if you are allergic to any of the ingredients of the vaccine. The vaccine contains **no** preservatives, egg, dairy, or antibiotics.

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I, \_\_\_\_\_  
(Your Name)

have been made aware of the risks of the COVID-19 Vaccination AND give my permission for

\_\_\_\_\_  
(Resident)

to receive the COVID-19 Vaccine.

I hereby confirm that I agree to release and discharge staff, administration, and the healthcare providers from any and all liability arising from the administration of the COVID-19 Vaccination.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Witness