



COVID-19 VACCINE ACKNOWLEDGMENT AND RECORD OF ACCEPTANCE OR DECLINATION

Resident / Staff Information

Last Name: _____ First Name: _____
Facility Name: _____ Room / Apartment Number: _____
Male ☐ Female ☐ Date of Birth: _____ Age: _____

The Pharmacy Partnership for Long-term Care (LTC) Program is a federal partnership with CVS, Walgreens, and select pharmacies in the Managed Health Care Associates network (the "**Program**"). Under the Program, the Centers for Disease Control and Prevention (the "**CDC**") has allotted COVID-19 vaccine doses to the State of Texas, which have been distributed to qualifying providers across the state, who will administer these immunizations based on the Vaccine Distribution Principles developed by the state's Expert Vaccine Allocation Panel. According to recent communications from the Texas Health and Human Services Commission, which is charged with overseeing the Program in Texas, the first vaccines will be provided to pharmacies the week of December 21, 2020, and the Program is expected to begin December 28, 2020.

The Pharmacy Partnership for LTC Program will facilitate safe vaccination of this critical patient population. The vaccination program provides end-to-end management of the COVID-19 vaccination process, including cold chain management, on-site vaccinations, and fulfillment of reporting requirements. LTC facility staff who have not received COVID-19 vaccine can also be vaccinated as part of the program. This program is being implemented in close coordination with jurisdictions; LTC facilities; federal partners, including the Centers for Medicare and Medicaid Services (CMS); and professional organizations, including American Health Care Association (AHCA) and Leading Age, which include members across both nursing homes and assisted living facilities.

I understand that Wesleyan Homes, Inc., d/b/a The Wesleyan, is not responsible for establishing the Program or procuring or administering the COVID-19 vaccines administered thereunder. I understand that the Organization's role is limited to enrolling in the Program, assisting in obtaining signed forms required by the Pharmacy (as hereinafter defined), and serving as a vaccination site.

I have been provided information regarding the COVID-19 vaccine, and I have had an opportunity to ask questions. Specifically, I have read or had explained to me the 2020 EUA Vaccine Information Fact Sheet (Version December 2020) for the SARS-CoV-2 vaccine and understand the risks and benefits. I also understand and acknowledge that there are risks associated with declining the vaccine.

If I choose to be vaccinated, I attest that I have reviewed or will review and sign all documentation required by CVS Pharmacy and that I have given, or will give, my consent to the Pharmacy. I understand and agree that the Organization is not responsible for my decision regarding vaccination and that I am making such decision without any influence from the Organization. For the purposes of record-keeping, I understand that the Organization is requiring that I provide documentation regarding my decision on whether or not to receive the vaccine.

____ (Initial) – I, (resident/responsible party for resident) or staff **choose to receive the COVID-19 Vaccination as provided by the Pharmacy under the Program.**

____ (Initial) – I, (resident/responsible party for resident) or staff **choose to decline the COVID-19 Vaccination as provided by the Pharmacy under the Program.**

If signing for someone other than myself, I confirm that I am the legal guardian or authorized substitute decision-maker.

Signature: _____ Print: _____

Date of Signature: _____

Verbal consent obtained from Resident/Responsible Party above: ☐ Yes (Obtained by :) _____