



HEALTH ASSOCIATES
beyond expectations

COVID VACCINATION STATUS

Last Name: _____ First Name: _____ Middle Initial: _____

Date of birth: _____

As required by Centers for Medicare and Medicaid Services (CMS), we are required to offer staff information on the Covid vaccine as well as how to obtain the vaccine. By signing below, I attest that I have reviewed the information provided in the following links.

<https://www.cdc.gov/infectioncontrol/projectfirstline/index.html>

<https://www.immunize.org/covid-19/>

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

- People are best protected when they stay up to date with the recommended doses when eligible
<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>
- Covid-19 vaccines are safe and effective
- Covid-19 vaccinations help protect adults and children ages 6 months and older from getting severely ill with Covid-19 and helps protect those around them.
<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/effectiveness/index.html>
- Covid-19 vaccine prevents serious illness and is a safer way to build protection
<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/vaccine-benefits.html>
- The most reported side effects are fever, headache, fatigue, and pain at the injection site

*If you have not yet received the Covid-19 Vaccine and are interested in doing so, please visit the link below to find a vaccination location near you:

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/How-Do-I-Get-a-COVID-19-Vaccine.html#:~:text=To%20find%20COVID%2D19%20vaccine,center%2C%20or%20visit%20their%20website.>

I declare that:

- I have received the Covid vaccine – please upload a copy into their file
- I have an approved religious or medical exemption –please upload a copy into their file
- I do not wish to receive the Covid vaccine

By signing below, I attest that I have read the information provided.

Signature

Date

Printed Name