

Patient/Resident COVID-19 Vaccine Information Sheet

- We are talking to you today to make you aware that you are eligible to receive a vaccination for COVID-19. The type of vaccine that you will receive will be determined by the supply at the vaccination site. The vaccination site will inform you of the vaccination you are being offered before you receive the vaccine.
- You have the right to decline this vaccine if you choose to. The vaccine offered to you has been approved by the Food and Drug Administration because their experts, Scientists, Doctors, and others have determined this vaccine to be safe for the general public to use in this emergency pandemic.
- The research indicates this vaccine to be greater than 90% effective. That means the data suggests this vaccine will reduce the symptoms or prevent infection in greater than 9 out of 10 people who receive both doses of it.
- You are being prioritized for this vaccine because your other health conditions indicate you may be at greater risk than the general public.
- We cannot decide for anyone whether they should or should not receive the vaccine however if you decide that you want the vaccine to reduce your health risk from COVID-19, we will help you make an appointment to get the vaccination.
- If you want to do additional research or have questions, that we cannot answer, please consider these two sources of information www.cdc.gov; www.health.ny.gov
- This vaccine is a two-dose vaccine for maximum clinical efficacy. It is very important that if you get a first dose, you schedule a second dose and keep your appointment. Your vaccination site will tell you based on which vaccine you are offered, what the follow up time frame is for your second dose.
- If for some reason, you choose not to get the vaccine or you get it from another source, please cancel your appointment, so that someone else can have that time slot.

Vaccine appointment Information:

Time: _____
 Date: _____
 Location: _____
 Website: _____
 Phone: _____
 Vaccine Type Given: _____

Follow up appointment information:

Time: _____
 Date: _____
 Location: _____
 Website: _____
 Phone: _____

- If you have a history of severe allergic reactions to prior vaccines, notify your health care provider and the vaccination site prior to receiving the vaccine so they can help you decide if the vaccine is appropriate for you.
- Everyone who receives the vaccine should be observed for a period of time to ensure that if they have a reaction, they receive proper medical care.

** Remember to ask patients/residents to sign consents for whomever we are assisting in scheduling the appointment for the vaccine.

DISCLAIMER: Helio Health has developed this document to respond to the challenges posed by the COVID-19 pandemic. Helio Health prepared this document based on the information available to Helio Health at the time of its creation. Helio Health is sharing this document in an effort to assist other providers in responding to the pandemic. Other providers who utilize this resource are not relieved of their own duty to conduct an assessment and evaluation of each specific service recipient to make medical or clinical decisions. Providers should also conduct their own due diligence to ensure that there have not been further updates to the publicly available information regarding decision-making relating to COVID-19. Helio Health is not responsible for how other providers interpret or apply this document. We recommend providers consult the following resources in your decision-making: CDC, NYS Department of Health, NYS Office of Mental Health, NYS Office of Addiction Services and Supports and your local health department.