

COVID-19 Post-Discharge Acknowledgement

I am at _____ for short-term rehabilitation services. I have consented to receive the first dose of a two-dose vaccine series for the prevention of the COVID-19 virus. I was provided with information regarding the risks associated with the vaccine, signed a consent form, and received the vaccine on _____. I received a vaccine documentation card with information regarding the date and specific vaccine received.

I understand it is my responsibility to contact my local CVS or Walgreens location to schedule my second dose of vaccine within 3-4 weeks of the first dose.

I understand that if I have any questions on how to schedule my second dose of the COVID-19 vaccine, or where I can receive my second dose of the COVID-19 vaccine I can call

_____.

Resident Signature: _____ Date: _____

Print Name: _____

Witness Signature: _____ Date: _____

Print Name: _____

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This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.