



COVID-19 VACCINE ADMINISTRATION OPT-IN / OPT-OUT FORM

I have reviewed attached document that explains the risks and benefits of receiving the COVID-19 vaccine as provided by the vaccine maker. I also acknowledge that no person associated with Sun Health Services, Inc. ("SHS"), including its subsidiaries and affiliates, has advised me with respect to my election to opt-in or opt-out of electing to receive the COVID-19 vaccine or the safety of me doing the same. I also acknowledge that SHS has informed me that my election will not affect my employment status with SHS.

As such, my election is as follows (mark one):

ELECT ADMINISTRATION

I understand by electing administration, I will be informed by SHS about the date and time the vaccine will be administered, based on priority and availability of the vaccine.

DECLINE ADMINISTRATION

I acknowledge by declining administration; I will not be included in the SHS onsite administration and will have the option of obtaining the vaccine on my own.

Signature: _____

Printed Name: _____ Date: _____

Location: _____ Department: _____

Please print and bring with you to your vaccination appointment and/or give to your supervisor.