



+ MEMO

T O: LifeStream Associates

F R O M: Donna Taylor,
Chief Operating Officer

D A T E: February 25, 2021

S U B J E C T: COVID-19 Vaccine
Follow-up Information

We wanted to take a brief moment to say THANK YOU to those of you who have received the COVID-19 vaccine – or are in the process of getting the vaccine. You have taken a great step toward protecting our Residents and helping us all get back to normal life at each of our Communities. Here are a few important notes and instructions regarding the required COVID-19 Vaccination records:

1. If you were vaccinated through an off-site point of distribution (*For example: The distribution site being run at State Farm Stadium*) please submit a copy of your vaccine card to our Human Resources team at HRTeam@LifeStreamLiving.com.
2. If you received your vaccine through our Community clinics, you won't need to do anything as we have records of your information.
3. If you DID NOT get the vaccine, please complete the attached form and send it back to the Human Resources team at HRTeam@LifeStreamLiving.com.

We know there are some Associates that are concerned about the Vaccine and still have some questions about it. Our Medical Director, Dr. Michael Newcomb, recently gave a very informative presentation about the Vaccine at our Department Managers meeting last week. We are making this video available to all of our Associates to view. The presentation is very thorough, and includes a question and answer session at the end.

The video has been posted to our [Associate Facebook Group](#) for ease of access and viewing. If you are not yet a member of the Facebook group please request membership. Or, if you do not have a Facebook account, please see your Department Manager for other viewing options.

Again, regardless of whether or not an Associate has taken the vaccine, all Associates will still be required to undergo our testing protocols and procedures as explained in our Policy [Associate Health Screening and Illness Management – COVID-19](#). Testing is the best tool we have right now to help mitigate the spread of the virus.

The vaccine is a welcome piece of the puzzle as we continue our battle against COVID-19. It takes all of us – together – to beat COVID-19. Should you have any questions, we urge you to reach out to your Community's Executive Director or to me at info@LifeStreamLiving.com or 623-933-8753.

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Department: _____
Location: <input type="checkbox"/> Corporate <input type="checkbox"/> Cook Health Care <input type="checkbox"/> Northeast Phoenix <input type="checkbox"/> Sun Ridge <input type="checkbox"/> Thunderbird <input type="checkbox"/> Youngtown

+ COVID-19 VACCINATION DECLINATION FORM

Associate Name: _____ Date of Birth: _____

I have been recommended to receive COVID-19 vaccination to protect myself, Residents, and others in the LifeStream Community. I have been advised of information about COVID-19. I have had the opportunity to ask questions, which have been answered to my satisfaction, and understand the benefits and risks of the vaccination. If I decline the vaccine, I may change my mind and request to be vaccinated at a later date with the understanding that my ability to receive the vaccination is not known and will be based on availability at that time.

By signing below, I acknowledge that I am aware of the following facts:

- *COVID-19 is a serious contagious virus that can easily spread from person to person. Some infected persons may have severe disease and die. No one knows how COVID-19 may affect them. The consequences of my refusal to be vaccinated could be life threatening.*
- *COVID-19 vaccination is recommended to help prevent spreading the disease and to protect me from getting COVID-19, or from serious illness if I do get infected.*
- *I understand that if I contract COVID, then I am potentially contagious for days before any symptoms appear. During this time, and for 10-14 days after infection, I can potentially transmit COVID-19 to Residents and staff in this LifeStream Community and to my family.*
- *I understand that if I become infected with COVID-19, then I can spread the virus to others even if my symptoms are mild or non-existent. Symptoms that are mild or non-existent in me can still cause serious illness and death in others.*
- *I understand that if I get COVID-19, then I will be required to isolate away from others for a minimum of 10 days since symptoms first appeared and 24 hours with no fever without fever-reducing medication and other symptoms are improving. If I do not have symptoms, then, 10 days from the date I test positive.*
- *I understand that I cannot get COVID-19 from the vaccine and getting the vaccine is a safer way to build up immunity. I understand that side effects usually go away on their own within a week and are a sign that the immune system is working.*

I **will not** have the COVID-19 vaccination due to

- Medically contraindicated due to _____
- Other _____

Associate Signature

Date