

- Moderna: 1st Dose 2nd Dose
 Johnson and Johnson: single dose

Name: _____ Date of Birth: _____ Gender: Female Male

Maiden Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Medical Provider: _____

Emergency Contact: _____ Phone: _____

Please answer the questions below. If you answer 'yes' to any questions, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked.

Are you feeling sick today?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Have you received a COVID-19 vaccine previously? If yes: Date 1 st Dose: _____ Date 2 nd Dose: _____ If yes: Which vaccine? <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Johnson and Johnson	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Have you ever had a severe allergic reaction (anaphylaxis) to something that required treatment with epinephrine or EpiPen or required hospitalization? Was this severe allergic reaction after receiving a COVID-19 vaccine? Was this severe allergic reaction after receiving another vaccine or injectable medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Have you tested positive for COVID-19? If yes: Date _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Have you received antibody therapy (such as monoclonal antibodies or convalescent plasma) as treatment for COVID-19?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Have you received another vaccine in the last 14 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Do you have a weakened immune system (such as HIV or cancer) or do you take immuno-suppressive drugs or therapies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Do you have a bleeding disorder or are you taking a blood thinner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Are you pregnant or breastfeeding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Do you have dermal fillers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know

By signing the consent, I acknowledge that I understand the following:

- The FDA has authorized the emergency use of COVID-19 vaccines that may prevent COVID-19. This vaccine is not FDA-approved. There is no FDA-approved vaccine to prevent COVID-19. The FDA has authorized the emergency use of this vaccine for individuals age 18 and older (Moderna and Johnson & Johnson) and for individuals 16 and older (Pfizer).
- The Moderna vaccine is given in a 2-dose series and I must receive both doses in order to achieve the best immunity.
- The Johnson and Johnson (Janssen) vaccine is given as a single dose. Blood clots involving blood vessels in the brain, abdomen, and legs along with low levels of platelets (blood cells that help your body stop bleeding), have occurred in some people who have received the Janssen COVID-19 Vaccine. In people who developed these blood clots and low levels of platelets, symptoms began approximately one to two weeks following vaccination. Most people who developed these blood clots and low levels of platelets were females ages 18 through 49 years. The chance of having this occur is remote.

Vaccination Release

I have read or have had explained to me the information on the vaccine Emergency Use Authorization (EUA) Fact Sheet for Recipients and Caregivers. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of COVID-19 vaccine and consent to the vaccine be given to me or to the person for whom I am authorized to make this request.

Printed name: _____ **Signature:** _____ **Date:** _____

*****For Office Use Only*****

Date: Dose #1	Manufacturer	Lot #	Exp Date	EUA Fact Sheet	Dose	Site	Adm By	IRIS date/initial
	Moderna J & J			3/26/2021 4/23/2021	0.5 ml	R L Deltoid		