



PLEASE PRINT LEGIBLY  
FIRST NAME (UPPER CASE)

LAST NAME (UPPER CASE)

Date of Birth (MM/DD/YYYY):	Gender:      Female      Male      Non-Binary
Emergency Contact Name:	Emergency Contact Number:

**SECTION I: PURPOSE OF INFORMED CONSENT**

At the current time, there are no Food and Drug Administration (FDA) approved COVID-19 vaccinations. However, based on promising evidence, the FDA issued an Emergency Use Authorization (EUA) to permit the emergency use of 2 unapproved products: Pfizer-BioNTech and Moderna COVID-19 Vaccine. These vaccines have been granted EUA to prevent COVID-19 in individuals 16 years of age and older and 18 years of age and older, respectively.

**SECTION II: Screening for POSSIBLE CONTRAINDICATIONS**

YES	NO	CHECK THE APPROPRIATE BOX															
		1. <b>Do you have any of the following?</b> Fever, Shortness of breath, sore throat, chills, congestion, runny nose, diarrhea, nausea, or vomiting															
		2. <b>Have you received a dose of COVID 19 vaccine?</b> If yes, which one?      Manufacturer      Date:															
		3. <b>Have you had an allergic reaction of any severity to a previous dose of an mRNA COVID-19 vaccine or any of its components? Please see below for components</b> If yes, please describe reaction:															
		<table border="1"> <thead> <tr> <th colspan="4">Vaccine Components</th> </tr> <tr> <th>Manufacturer</th> <th>mRNA</th> <th>Lipids</th> <th>Salts, Sugars, Buffers</th> </tr> </thead> <tbody> <tr> <td><b>Pfizer-BioNTech</b></td> <td rowspan="2">Nucleoside-modified mRNA encoding the viral spike glycoprotein of SARS-CoV-2</td> <td> <ul style="list-style-type: none"> <li>2[(polyethylene glycol)-2000]-N, N-ditetradecylacetamide</li> <li>1,2-distearoyl-sn-glycero-3-phosphocholine</li> <li>Cholesterol</li> <li>(4-hydroxybutyl)azanediyl bis(hexane-6,1-diyl)bis(2-hexyldecanoate)</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>Potassium chloride</li> <li>Monobasic potassium phosphate</li> <li>Sodium chloride</li> <li>Dibasic sodium phosphate dihydrate</li> <li>Sucrose</li> </ul> </td> </tr> <tr> <td><b>Moderna</b></td> <td> <ul style="list-style-type: none"> <li>Polyethylene glycol (PEG) 2000 dimyristoyl glycerol (DMG)</li> <li>1,2-distearoyl-sn-glycero-3-phosphocholine</li> <li>Cholesterol</li> <li>SM-102 (Proprietary to Modera)</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>Tromethamine</li> <li>Tromethamine hydrochloride</li> <li>Acetic acid</li> <li>Sodium acetate</li> <li>Sucrose</li> </ul> </td> </tr> </tbody> </table>	Vaccine Components				Manufacturer	mRNA	Lipids	Salts, Sugars, Buffers	<b>Pfizer-BioNTech</b>	Nucleoside-modified mRNA encoding the viral spike glycoprotein of SARS-CoV-2	<ul style="list-style-type: none"> <li>2[(polyethylene glycol)-2000]-N, N-ditetradecylacetamide</li> <li>1,2-distearoyl-sn-glycero-3-phosphocholine</li> <li>Cholesterol</li> <li>(4-hydroxybutyl)azanediyl bis(hexane-6,1-diyl)bis(2-hexyldecanoate)</li> </ul>	<ul style="list-style-type: none"> <li>Potassium chloride</li> <li>Monobasic potassium phosphate</li> <li>Sodium chloride</li> <li>Dibasic sodium phosphate dihydrate</li> <li>Sucrose</li> </ul>	<b>Moderna</b>	<ul style="list-style-type: none"> <li>Polyethylene glycol (PEG) 2000 dimyristoyl glycerol (DMG)</li> <li>1,2-distearoyl-sn-glycero-3-phosphocholine</li> <li>Cholesterol</li> <li>SM-102 (Proprietary to Modera)</li> </ul>	<ul style="list-style-type: none"> <li>Tromethamine</li> <li>Tromethamine hydrochloride</li> <li>Acetic acid</li> <li>Sodium acetate</li> <li>Sucrose</li> </ul>
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		4. <b>Have you had an allergic reaction of any severity to polysorbate (due to potential cross-reactive hypersensitivity with the vaccine ingredient polyethylene glycol, also known as PEG)?</b> If yes, please describe reaction:															

SECTION III: Screening for PRECAUTIONARY CRITERIA		
YES	NO	CHECK THE APPROPRIATE BOX
		5. Have you ever had a severe allergic reaction to any vaccine, injectable therapies, food, pet, venom, environmental allergies, or oral medications for which you were treated with epinephrine or EpiPen, or for which you had to go to the hospital?
		6. If answered yes to question 4 and 5, have you consulted your physician to determine that a COVID-19 vaccine is appropriate for you?

SECTION IV: Screening for conditions in which delayed vaccination may be recommended		
Due to concerns for diminished benefit, COVID-19 vaccination is recommended after a specified amount of time has elapsed for the conditions listed below:		
YES	NO	CHECK THE APPROPRIATE BOX
		7. <b>Have you had confirmed COVID-19 disease within previous 90 days?</b> <i>Must wait at least 10 days from diagnosis, feel better and be with no fever before getting a covid-19 vaccine. May wait 90 days, as unlikely to get re-infected based on available data</i>
		8. <b>Have you received COVID-19 monoclonal antibodies or convalescent plasma within the previous 90 days?</b>
		9. <b>Have you received any vaccination in the past 14 days?</b>

SECTION V: Receipt of Vaccine Fact Sheet	
In order to receive the COVID-19 vaccine, indicate that the following have been provided and/or discussed with you by checking each box:	
I was provided a copy of "Fact Sheet for Recipients and Caregivers".	
My questions/concerns about the vaccine have been addressed to my satisfaction.	

SECTION VI: YOUR ACKNOWLEDGMENT/CONSENT AND SIGNATURE	
I have read and/or had explained to me the "Fact Sheet for Recipients and Caregivers" for the Pfizer-BioNTech COVID-19 Vaccine and understand the risks and benefits	
I GIVE CONSENT to receiving the entire vaccine schedule (2 doses) of the Pfizer-BioNTech/Moderna COVID-19 Vaccine	
I UNDERSTAND that, prior to the second dose, I will be asked a series of screening questions by clinical staff to determine whether it is appropriate for me to receive the second dose of the COVID-19 Vaccine	
Signature	Date
For additional questions please refer to following websites:	
1. <a href="https://www.cdc.gov/vaccines/covid-19/index.html">https://www.cdc.gov/vaccines/covid-19/index.html</a>	
2. <a href="https://www.keckmedicine.org/coronavirus-vaccine/">https://www.keckmedicine.org/coronavirus-vaccine/</a>	

DOWNTIME USE ONLY					
Vaccine – Fact Sheet dated Dec 2020 0.3 mL IM					
DATE GIVEN	MANUFACTURER	LOT NO.	EXP. DATE	INJECTION SITE	ADMINISTERED BY (PRINT NAME)
___/___/___				<input type="checkbox"/> Right Deltoid <input type="checkbox"/> Left Deltoid	
___/___/___				<input type="checkbox"/> Right Deltoid <input type="checkbox"/> Left Deltoid	