COVID-19 Vaccine Consent Form

Section 1: Patient/Employee Information

NAME (Last)		(First)	DATE OF BIRTH	GENDER		
ADDRESS						
CITY	STATE	ZIP	DAYTIME PHONE NU	MBER		
ETHNICITY Hispanic on	Latino	RACE Asian Black or African	n American Hispanic or L	atino 🗆 V	White [Other
☐ Not Hispan		☐ American Indian or Alaskan Nativ	ve Native Hawaiian or Oth	ner Pacifi	c Island	ler
PRIMARY CARE PHYSI	CIAN: N	ame Address		Phone	Numl	oer
					\bigvee	
EMERGENCY CONTAC	T: Name	Relation	Phone Nur	mber		
 If this is your second, t Which vaccine did you Section 2: Screening The following questions will he 	hird or boost receive? [] (Cuestion help us determinated necessarily	ine if there is any reason you should not mean you should not be vaccinated. I	ar previous doses? 1 st erna □ Janssen (Johnson ot get the COVID-19 vaccine	2 nd _ & John	son) □	Other
question is not event, prouse as	11 J 0 01 11 0 01 11 1	omo provisto de departo de		YES	NO	Not Sure
1. Are you feeling sick toda	y? (For exan	nple, cold, fever, or acute illness)				
2. Do you have any allergie	es? Please	list:				
		eaction (e.g., anaphylaxis) to somet with epinephrine or EpiPen [®] , or for				
		after receiving a COVID-19 vaccin				
		to polyethylene glycol (PEG) or poor injectable medication?	olysorbate or did it occur			
		mmation of the heart muscle) or per	ricarditis (inflammation			
of the lining outside the						
5. Have you received passive treatment for COVID-1		herapy (monoclonal antibodies or c	onvalescent serum) as			
6. Have you received anoth						
19?		ID-19 or has a doctor ever told you	that you had COVID-			
8. Do you have a bleeding of						
9. Do you have a weakened or do you take immuno		tem caused by something such as F drugs or therapies?	IIV infection or cancer			
10. Are you pregnant or pla	n to become	pregnant?				
11. Are you breastfeeding?						
12. Do you have dermal fill	ers?					
13. Have you ever fainted in association with an injection?						

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Section 3: Eligibility and Consent

RELATIONSHIP TO PATIENT: (if applicable)	DATE:
SIGNATURE OF PATIENT / EMPLOYEE / LEGAL REPR	RESENTATIVE:
 □ Been receiving active cancer treatment for tumors or cancer □ Received an organ transplant and am taking medicine to sur □ Received a stem cell transplant within the last 2 years or an □ Moderate or severe primary immunodeficiency (such as Die □ Advanced or untreated HIV infection. □ Active treatment with high-dose corticosteroids or other dreatment and condition that causes my immune system for which my treating physician recommends I receive a thin 	ppress my immune system. In taking medicine to suppress my immune system. George syndrome, Wiskott-Aldrich syndrome). Lugs that may suppress my immune response. It to be moderately to severely compromised and
☐ I understand a third dose of the COVID-19 vaccine is authoriseverely immunocompromised individuals who initially received COVID-19 vaccine. I am eligible to receive a third dose of the C	the Comirnaty/Pfizer or Spikevax/Moderna
Section 4: Eligibility and Consent – Third Dose for I Complete this section only if you are receiving a third dose of the COVID-19	
☐ I agree to stay in the vaccine administration area for fifteen (1 vaccine administrator) after receiving my vaccination to ensure t understand that if I experience any adverse reaction, it will be my care physician.	hat no immediate adverse reactions occur, and I
☐ I understand the significant known and potential risks and ber the FACT SHEET and that some potential risks and benefits may COVID-19 VACCINE BE GIVEN TO ME.	
☐ I understand the COVID-19 vaccine may require two (2) dose Comirnaty/Pfizer or Spikevax/Moderna COVID-19 vaccine, I in vaccine in accordance with the timeframe specified in the Fact S	tend to receive a second dose of the same
☐ I have been given a copy and have read, or have had explaine for the COVID-19 vaccine. I understand the FDA has approved a individuals age 12+ and the Spikevax/Moderna COVID-19 vacci of the Janssen COVID-19 vaccines for ages 18+, and authorized vaccine for individuals between the ages of 5 and 11. I also under use of the Pfizer COVID-19 vaccine for a booster dose for individuals age that were answered to my satisfaction.	the Comirnaty/Pfizer COVID-19 vaccine for ine for ages 18+, authorized the emergency use the emergency use of the Pfizer COVID-19 erstand the FDA has authorized the emergency iduals age 12+ and authorized the Moderna and

FOR ADMINISTRATIVE USE ONLY

Vaccine	Dose	Route	Date Dose Administered	Vaccine Manufacturer	Lot Number	Expiration Date	Name of Vaccine Administrator
COVID-19	$ \begin{array}{c c} & ml \\ \hline & ml \\ & ml \\ \hline & ml \\ & ml \\ \hline & ml \\ & ml \\ $	□ IM - L Arm					

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ABOUT THIS FORM:

- This Template COVID-19 Vaccine Consent Form was created by the Georgia Hospital Association as a resource for its member hospitals. It is not a mandatory form.
- This form should only be provided to a patient if it is accompanied by the Fact Sheet for Vaccine Recipients and Caregivers available at:
 - o *Comirnaty/Pfizer-BioNTech Vaccine:* https://www.cvdvaccine.com/ OR https://www.fda.gov/media/144414/download
 - Spikevax/Moderna Vaccine: https://www.modernatx.com/covid19vaccine-eua/ OR https://www.fda.gov/media/144638/download
 - Janssen Vaccine: https://www.janssencovid19vaccine.com/ OR https://www.fda.gov/media/146305/download
- This form should only be used by clinicians well versed in the CDC's provider education materials and able to counsel patients who answer "yes" to the screening questions or make referrals for counseling for those patients.
- Organizations and individuals choosing to use this form should do so in consultation with their own clinical
 experts, legal counsel and risk managers. This form is being provided for informational purposes only and is not
 legal advice.
- This form was developed based on the best available information at the time it was created. Its accuracy is not guaranteed. This form is subject to update without notice and will likely require updates upon the FDA's emergency use authorization or approval of additional COVID-19 vaccines.
- Resources used in creating this form:
 - Comirnaty/Pfizer-BioNTech FDA Resources
 - FDA Approval Letter for Comirnaty/Pfizer-BioNTech COVID-19 Vaccine in individuals age 16+
 - FDA Emergency Use Authorizations of Pfizer-BioNTech COVID-19 Vaccine in individuals age 12+ for a booster dose and in immunocompromised individuals for a third dose
 - FDA Emergency Use Authorization of Pfizer-BioNTech COVID-19 Vaccine in individuals age 12+
 - Fact Sheet for Vaccine Recipients and Caregivers of Comirnaty/Pfizer-BioNTech COVID-19 Vaccine
 - Fact Sheet for Healthcare Providers Administering Vaccine of Comirnaty/Pfizer-BioNTech COVID-19 Vaccine

Spikevax/Moderna FDA Resources

- FDA Approval Letter for Spikevax/Moderna COVID-19 Vaccine in individuals age 18+
- FDA Emergency Use Authorization for Moderna COVID-19 Vaccine in individuals age 18+ for a booster dose and in immunocompromised individuals for a third dose
- Fact Sheet for Vaccine Recipients and Caregivers of Spikevax/Moderna COVID-19 Vaccine
- Fact Sheet for Healthcare Providers Administering Vaccine of Spikevax/Moderna COVID-19 Vaccine

o Janssen (Johnson & Johnson) FDA Resources

FDA Emergency Use Authorization of Janssen COVID-19 Vaccine

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- Fact Sheet for Vaccine Recipients and Caregivers of EUA Janssen COVID-19 Vaccine
- Fact Sheet for Healthcare Providers Administering Vaccine of EUA Janssen COVID-19 Vaccine

CDC Resources

- CDC Pre-Vaccination Checklist for COVID-19 Vaccines
- CDC COVID-19 Vaccination Information
- CDC COVID-19 Vaccination Training Programs and Reference Materials for Healthcare Professionals
- CDC COVID-19 Vaccines for Moderately to Severely Immunocompromised People
- vaccines.gov

Georgia Department of Public Health Resources

DPH COVID-19 Vaccine Resources

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