

COVID-19 Vaccine Consent Form

Section 3: Eligibility and Consent

- I have been given a copy and have read, or have had explained to me, the information in the **FACT SHEET** for the COVID-19 vaccine. I understand the FDA has approved the Comirnaty/Pfizer COVID-19 vaccine for individuals age 12+ and the Spikevax/Moderna COVID-19 vaccine for ages 18+, authorized the emergency use of the Janssen COVID-19 vaccines for ages 18+, and authorized the emergency use of the Pfizer COVID-19 vaccine for individuals between the ages of 5 and 11. I also understand the FDA has authorized the emergency use of the Pfizer COVID-19 vaccine for a booster dose for individuals age 12+ and authorized the Moderna and Janssen COVID-19 vaccine for a booster dose for individuals age 18+. I have had the chance to ask questions that were answered to my satisfaction.
- I understand the COVID-19 vaccine may require two (2) doses. If this is my first dose of the Comirnaty/Pfizer or Spikevax/Moderna COVID-19 vaccine, I intend to receive a second dose of the same vaccine in accordance with the timeframe specified in the Fact Sheet to complete the vaccination series.
- I understand the significant known and potential risks and benefits of the COVID-19 vaccine as explained in the FACT SHEET and that some potential risks and benefits may remain unknown, and **I REQUEST THE COVID-19 VACCINE BE GIVEN TO ME.**
- I agree to stay in the vaccine administration area for fifteen (15) minutes (or longer if indicated by the vaccine administrator) after receiving my vaccination to ensure that no immediate adverse reactions occur, and I understand that if I experience any adverse reaction, it will be my responsibility to follow up with my primary care physician.

Section 4: Eligibility and Consent – Third Dose for Immunocompromised Individuals

Complete this section only if you are receiving a third dose of the COVID-19 vaccine because you are immunocompromised.

- I understand a third dose of the COVID-19 vaccine is authorized and recommended for moderately to severely immunocompromised individuals who initially received the Comirnaty/Pfizer or Spikevax/Moderna COVID-19 vaccine. I am eligible to receive a third dose of the COVID-19 vaccine because I have:
- Been receiving active cancer treatment for tumors or cancers of the blood.
 - Received an organ transplant and am taking medicine to suppress my immune system.
 - Received a stem cell transplant within the last 2 years or am taking medicine to suppress my immune system.
 - Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome).
 - Advanced or untreated HIV infection.
 - Active treatment with high-dose corticosteroids or other drugs that may suppress my immune response.
 - Another medical condition that causes my immune system to be moderately to severely compromised and for which my treating physician recommends I receive a third dose of the COVID-19 vaccine.

SIGNATURE OF PATIENT / EMPLOYEE / LEGAL REPRESENTATIVE: _____

RELATIONSHIP TO PATIENT: (if applicable) _____ **DATE:** _____

FOR ADMINISTRATIVE USE ONLY

Vaccine	Dose	Route	Date Dose Administered	Vaccine Manufacturer	Lot Number	Expiration Date	Name of Vaccine Administrator
COVID-19	_____ml <input type="checkbox"/> 1 st	<input type="checkbox"/> IM - L Arm <input type="checkbox"/> IM - R Arm					
	_____ml <input type="checkbox"/> 2 nd						
	_____ml <input type="checkbox"/> 3 rd						
	_____ml <input type="checkbox"/> Booster						

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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:***
 - ***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
 - **Janssen (Johnson & Johnson) FDA Resources**
 - FDA Emergency Use Authorization of Janssen COVID-19 Vaccine
 - 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](https://www.vaccines.gov)
 - **Georgia Department of Public Health Resources**
 - [DPH COVID-19 Vaccine Resources](#)