

COVID–19 Vaccination Consent Form

COVID-19 VACCINE:

COVID-19 vaccines will help prevent a disease that can be dangerous, or even deadly. Authorized or approved vaccines will help reduce the risk of disease by working with the body’s natural defenses to safely develop protection (immunity) to disease. COVID-19 vaccines help our bodies develop immunity to the virus that causes COVID-19 without us having to get the illness. It typically takes a few weeks for the body to develop immunity to the virus after vaccination. Therefore, it is possible that a person could be infected with the virus that causes COVID-19 just before or just after vaccination and then get sick because the vaccine did not have enough time to provide protection.

Sometimes after vaccination, the process of building immunity can cause symptoms, such as fever. These symptoms are normal and are a sign that the body is building immunity. The vaccine is NOT a live virus and will not give you COVID-19. All but one of the COVID-19 vaccines that are currently in Phase 3 clinical trials in the United States use two shots. The first shot starts building immunity and protection. A second shot a few weeks later is needed to get the most protection the vaccine has to offer.

RISKS & POSSIBLE SIDE EFFECTS:

COVID-19 vaccines have shown to generally cause only mild side effects. Most commonly, reactions may be soreness or tenderness at the injection site, fever, chills, fatigue, headaches or muscle aches. These effects usually last 24 to 48 hours. There is a possibility, as with any vaccine or drug, that an allergic or other serious reaction, or even death, could occur. Moreover, medical events completely unrelated to vaccine administration may occur coincidentally in the period following vaccination.

SPECIAL NOTICE: At this time, the COVID–19 vaccine is generally NOT recommended for the following people:

1. Children <16 years old for Pfizer BioNTech COVID-19 vaccine
2. Children <18 years old for Moderna COVID-19 vaccine
3. See FDA EUA Patient Fact Sheet for full list of contraindications and precautions per manufacturer

If any categories above apply to you, please notify the staff. If you have any questions, please ask now or check with your physician or health department before receiving the vaccine.

IF YOU EXPERIENCE ANY SIGNIFICANT REACTIONS, CONTACT YOUR PHYSICIAN.

I have read the above information about COVID-19 and the COVID-19 vaccine Emergency Use Authorization (EUA) patient fact sheet with patient education information, and I have had a chance to ask questions. I understand the benefits and risks of the COVID–19 vaccination and request that the vaccine be given to me.

NAME (Please Print)

Date of Birth

EMPLOYEE PHONE NUMBER

Department

SIGNATURE

Date/Time

Created: 12/18/2020 v4

For additional information: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines>

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Dose #1:

Vaccine Manufacturer: _____

Lot #: _____ Expiration date: _____ Site (IM): _____

Administered by: _____ Date / Time _____

Dose #2:

Dose #2 from the same manufacturer as Dose #1 will be due on or after: _____
[INSERT DATE HERE]

Vaccine Manufacturer: _____

Lot #: _____ Expiration date: _____ Site (IM): _____

Administered by: _____ Date / Time _____