



Bivalent COVID-19 (BOOSTER) Vaccination Consent Form

Name (First, Middle, Last):

Date of Birth:

Age:

Address:

City:

State:

County:

Zip Code:

Phone:

Gender:

☐

Male

☐

Female

Race:

☐

White

☐

African American

☐

American Indian or Alaska Native

☐

Asian

☐

Native Hawaiian or Other Pacific Islander

Hispanic Origin:

☐

Non-Hispanic

☐

Cuban

☐

Mexican

☐

Puerto Rico

☐

South/Central American

☐

Unknown

☐

Refuse

Screening Questions:

Have you ever had a serious or life-threatening allergic reaction, such as hives or difficulty breathing, to any vaccine or medication injection? If yes, you must be monitored for 30 mins after injection.	<input type="checkbox"/> Yes <input type="checkbox"/> No
For booster to previous Pfizer or Moderna vaccination, do you meet one of these criteria for a booster vaccination: Age 18+ with a high-risk medical condition. Age 18+ resident of long-term care. Age 18+ with high risk of infection due to work or institutional exposures (including healthcare workers). Has it been at least 2 months since your 2 nd dose of Pfizer or Moderna vaccines/ booster?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
For booster to previous Johnson and Johnson vaccination, has it been at least 2 months since your J&J vaccine?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently experiencing any symptoms related to COVID-19? If so, you must defer the vaccine at this time.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you in active quarantine due to exposure or pending a COVID test? If yes, you should not receive the vaccine until your quarantine is finished.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Use Authorization

The FDA has made the COVID-19 vaccine available under an emergency use authorization (EUA) for people 18 and older. An EUA is issued when available data show that a drug or biological product may help during a public health emergency without overwhelming safety concerns, but there is not enough data yet to grant full approval.

Consent

I have been provided and have read, or had explained to me, the Fact Sheet For Recipients and Caregivers Emergency Use Authorization (EUA) Of The Moderna COVID-19 Vaccine to Prevent Coronavirus Disease 2019 (COVID-19) In Individuals 18 Years Of Age And Older. I understand that the vaccine series requires two doses for most patients, but patients with moderate to severe immunocompromise require 3 doses. Full vaccination status requires completion of the relevant series (2 or 3 doses). Boosters do not need to be the same vaccine as the primary vaccination. I have been given an opportunity to ask questions which were answered to my satisfaction. I understand the benefits and risks of the vaccination as described. I hereby authorize release to receive the booster vaccine

Resident Signature: _____

Date: _____

Power of attorney (if applicable): _____

TO BE COMPLETED BY THE VACCINE ADMINISTRATOR

Manufacturer	Vaccination	Dose/Route	Administration Site	Lot #	Expiration Date
Moderna (COVID19- MOD-1)	<input type="checkbox"/> 1 st Dose	0.5ml IM (1 injection)	<input type="checkbox"/> Left Deltoid <input type="checkbox"/> Right Deltoid		
	<input type="checkbox"/> 2 nd Dose				
	<input type="checkbox"/> 3 rd Dose (immunocomp)				
	<input type="checkbox"/> Bivalent Booster	0.5ml IM (1 injection)			

Signature of Vaccinator: _____

Date administered: _____

8.19.2021