

COVID-19 Booster Consent

Booster

Chart# :

Booking CODE :

Dose manufacturer :

Dose received on :

Name :

DOB :

Gender :

Address :

Phone :

e-Mail :

Preferred Language :

Race :

Ethnicity :

Coronavirus disease 2019 (COVID-19) is an infectious disease caused by the novel coronavirus, SARS-CoV-2, that appeared in late 2019. It is predominantly a respiratory illness that can affect other organs. People with COVID-19 have reported a wide range of symptoms, ranging from mild symptoms to severe illness

Symptoms may appear 2 to 14 days after exposure to the virus. Symptoms may include: fever or chills; cough; shortness of breath; fatigue; muscle or body aches; headache; loss of taste or smell; sore throat; congestion or runny nose; nausea or vomiting; diarrhea.

You should not get this vaccine if you:

- had a severe allergic reaction after a previous dose of this vaccine
- had a severe allergic reaction to any ingredient of this vaccine
- are under 18 years of age, as the COVID-19 vaccine is only indicated for individuals 18 years of age or older.

Talk to your doctor about whether you should receive the COVID-19 vaccine if you have any of the following:

- have any allergies
- have a fever
- have a bleeding disorder or are on a blood thinner
- are immunocompromised or are on a medicine that affects your immune system
- are pregnant or plan to become pregnant
- are breastfeeding
- have received another COVID-19 vaccine

Serious, unexpected and unknown adverse events could occur from receiving the COVID-19 vaccine. The EUA states that side effects that have been reported include: injection site pain, tiredness, headache, muscle pain, chills, joint pain, fever, injection site swelling, injection site redness, nausea, feeling unwell, and swollen lymph nodes (lymphadenopathy). There is a remote chance that the COVID-19 Vaccine could cause a severe allergic reaction. A severe allergic reaction would usually occur within a few minutes to one hour after getting a dose of the COVID-19 Vaccine.

If after vaccination you experience any complications that may be related to the COVID-19 vaccine, contact your doctor and vaccine administrator for potential reporting.

- I have read and understand this COVID-19 vaccine consent form.
- I have received, read, and understand the Emergency Use Authorization Fact Sheet for Recipients.

Booster Dose:

- A single booster dose of the Moderna COVID-19 Vaccine may be administered at least 6 months after completion of a primary series to individuals:
 - 65 years of age and older
 - 18 through 64 years of age at high risk of severe COVID-19
 - 18 through 64 years of age with frequent institutional or occupational exposure to SARS-CoV-2
- A single booster dose of the Moderna COVID-19 Vaccine may be administered to eligible individuals who have completed primary vaccination with a different authorized or approved COVID-19 vaccine. Please check with your healthcare provider regarding eligibility for and timing of the booster dose.

I attest that I am eligible for the vaccine based on the eligibility criteria outlined above

Signature or Parental Consent Signature : _____ **Date :** _____

For clinical use only

Manufacturer :		Lot # :	
Route :		Site :	
Administered by :		Role :	