COVID-19 Vaccine Consent Form

Section 1: Patient/Employee Information

NAME (Last)	(First)	**DATE OF BIRTH**	**GENDER**
ADDRESS			
CITY	**STATE**	**ZIP**	**DAYTIME PHONE NUMBER**
PRIMARY CARE PHYSICIAN: **Name**	**Address**		**Phone Number**
EMERGENCY CONTACT: **Name**	**Relation**		**Phone Number**

IS THIS YOUR ☐ FIRST OR ☐ SECOND DOSE OF THE COVID-19 VACCINE?

- **If this is your second dose, what was the date of your first dose? _____**
- **Which vaccine did you receive? ☐ Pfizer ☐ Moderna ☐ Other**

Section 2: Screening Questions

The following questions will help us determine if there is any reason you should not get the COVID-19 vaccine today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions may be asked. If a question is not clear, please ask your health care provider to explain it.

	YES	NO	Don't Know
1. Are you feeling sick today? (For example, cold, fever, or acute illness)	☐	☐	☐
2. Do you have any allergies? Please list:	☐	☐	☐
3. Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something? For example, a reaction for which you were treated with epinephrine or EpiPen®, or for which you had to go to the hospital?	☐	☐	☐
• Was the severe allergic reaction after receiving a COVID-19 vaccine?	☐	☐	☐
• Was the severe allergic reaction after receiving another vaccine or another injectable medication?	☐	☐	☐
4. Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19?	☐	☐	☐
5. Have you received another vaccine in the last 14 days?	☐	☐	☐
6. Have you had a positive test for COVID-19 or has a doctor ever told you that you had COVID-19?	☐	☐	☐
7. Do you have a bleeding disorder or are you on a blood thinner?	☐	☐	☐
8. Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies?	☐	☐	☐
9. Are you pregnant or plan to become pregnant?	☐	☐	☐
10. Are you breastfeeding?	☐	☐	☐

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Section 3: 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 authorized the emergency use of the COVID-19 vaccine, which is not an FDA-approved vaccine. I have had the chance to ask questions that were answered to my satisfaction.

☐ I have reviewed the Georgia Department of Public Health's list of groups who are currently eligible to receive the COVID-19 vaccine in Georgia, and I am currently eligible to receive the COVID-19 vaccine.
As of March 25, 2021, all individuals who are aged 18+* will be eligible to receive the COVID-19 vaccine.

Jefferson Hospital supplies Moderna vaccine. Moderna vaccine is only indicated for ages 18 and older. DPH guidelines include age >16 if Pfizer vaccine is used.

☐ I understand the COVID-19 vaccine requires two (2) doses. If this is my first dose of the 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.

SIGNATURE OF PATIENT / EMPLOYEE / LEGAL REPRESENTATIVE: _____

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

Section 5: Vaccination Record

FOR ADMINISTRATIVE USE ONLY

Vaccine	Dose	Route	Date Dose Administered	Vaccine Manufacturer	Lot Number	Expiration Date	Name of Vaccine Administrator
COVID-19	_____ml ☐ 1st _____ml ☐ 2nd	☐ IM - L Arm ☐ IM - R 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:***
    - ***Pfizer-BioNTech Vaccine:*** https://www.cvdvaccine.com/ **OR** https://www.fda.gov/media/144414/download
    - ***Moderna Vaccine:*** https://www.modernatx.com/covid19vaccine-eua/ **OR** https://www.fda.gov/media/144638/download
- This form should only be used by clinicians well versed in the CDC's provider education materials who are 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:
    - **Pfizer-BioNTech Resources**
        - FDA Emergency Use Authorization of Pfizer-BioNTech COVID-19 Vaccine
        - Fact Sheet for Vaccine Recipients and Caregivers of EUA Pfizer-BioNTech COVID-19 Vaccine
        - Fact Sheet for Healthcare Providers Administering Vaccine of EUA Pfizer-BioNTech COVID-19 Vaccine
    - **Moderna Resources**
        - FDA Emergency Use Authorization of Moderna COVID-19 Vaccine
        - Fact Sheet for Vaccine Recipients and Caregivers of EUA Moderna COVID-19 Vaccine
        - Fact Sheet for Healthcare Providers Administering Vaccine of EUA Moderna 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
    - Georgia Department of Public Health COVID-19 Vaccine Resources