



Moderna Vaccine Consent Form

2020-2021 COVID-19 VACCINATION CONSENT FORM FOR MODERNA COVID-19 VACCINE TO PREVENT CORONAVIRUS DISEASE 2019 (COVID 19) IN INDIVIDUALS 18 YEARS OF AGE AND OLDER

The MODERNA COVID-19 Vaccine is a vaccine and may prevent you from getting COVID-19. There is no U.S. Food and Drug Administration (FDA) approved vaccine to prevent COVID-19. As with any medication, there are risks and possible side effects/reactions to receiving the COVID-19 Vaccine. This COVID-19 Vaccine has been approved by the (FDA), via Emergency Use Authorization due to the COVID-19 Pandemic. Data regarding this vaccine, including side effects and adverse reactions, will continue to be gained as vaccination continues under Emergency Use Authorization.

By signing this document, you are agreeing that:

- You have received and read 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";
- You have none of the conditions that would make you ineligible for receiving the vaccine noted in 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";
 - You have received and read page 2 of the "FACT SHEET FOR RECIPIENTS AND CAREGIVERS EMERGENCY USE AUTHORIZATION (EUA) OF THE PFIZER-BIONTECH COVID-19 VACCINE TO PREVENT CORONAVIRUS DISEASE 2019 (COVID-19) IN INDIVIDUALS 16 YEARS OF AGE AND OLDER" if you answered "YES" to Question #3 on the "Screening Questionnaire for MODERNA (COVID-19) Vaccine" Form.
 - If you received page 2 of the "FACT SHEET FOR RECIPIENTS AND CAREGIVERS EMERGENCY USE AUTHORIZATION (EUA) OF THE PFIZER-BIONTECH COVID-19 VACCINE TO PREVENT CORONAVIRUS DISEASE 2019 (COVID-19) IN INDIVIDUALS 16 YEARS OF AGE AND OLDER", you agree that you are not allergic to any of the ingredients listed on page 2.
- You accept the known and unknown risks associated with receiving this vaccine and will not hold NHBP responsible for any issues that may arise from receiving this vaccine;
- You consent to receive the MODERNA COVID-19 Vaccine;
- You have had all your questions regarding this vaccine answered to your satisfaction; and
- You consent for NHBP to input your information gathered on either the "COVID-19 Vaccination Patient Record Form" or the "COVID-19 Vaccination Employee Record Form" into the Vaccine Administration Management System (VAMS) managed by the Centers for Disease Control and Prevention (CDC), and share any Adverse Events with the CDC.

Client's Printed Name: _____ DOB: _____

Signature of Client or Guardian

Date

Signature of Vaccinator

Date