Nacogdoches
COVID-19 Vaccine Consent

PLEASE PRINT CLEARLY

Today's Date / / 2021	❑ 1st Dose Moderna ❑ 2nd Dose Moderna ❑ 1st Dose Pfizer ❑ 2nd Dose Pfizer ❑ 1 Dose J&J-Janssen	First Dose Date / / 2021

Last Name	First Name	Middle Initial	Date of Birth / /

Street Address	City	State	Zip

County	Phone Number	Email

Demographic information required by State but not used for other purposes: ❑American Indian/Alaskan Native ❑Asian ❑Black/African American ❑Hispanic/Latino ❑Native Hawaiian/Pacific Islander ❑White ❑Other	
Teacher or Childcare Worker? ❑Yes ❑No	❑Male ❑Female ❑Other

The following questions will help us determine your eligibility to be vaccinated safely today.	**Yes**	**No**	**Don't Know**
Do you have a fever or feel ill today?			
Have you received any type of vaccination in the past 14 days?			
Have you experienced any of the following in the past 14 days: fever, unusual cough, unusual shortness of breath?			
Have you or a household contact been diagnosed with COVID-19 in the past 14 days?			
Do you have allergies to medications, food (e.g. eggs), latex, or a vaccine component (e.g. bovine protein, gelatin, gentamicin, polymyxin, neomycin, phenol or thimerosal)?If yes, please list the allergies:			
Have you received a monoclonal antibody or convalescent plasma for the treatment of COVID-19 in the last 90 days?			
Have you ever had a serious reaction to a COVID 19 vaccine, influenza vaccine, any other vaccine, or other medication in the past? If yes, please list the vaccine or medication:			
Have you ever had a seizure disorder for which you are on seizure medication(s), a brain disorder, Guillain-Barre syndrome (a condition that causes paralysis) or other nervous system problem?			
Are you taking blood thinners or have a bleeding disorder?			
Are you pregnant, lactating or considering becoming pregnant in the next month?			

If you had a severe allergic reaction to the first dose, tell your vaccine administrator and
DO NOT TAKE THE SECOND DOSE.

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
- do not meet the age indications (>16 years of age for Pfizer's vaccine or>18 years of age for Moderna's vaccine)
- have received a monoclonal antibody or convalescent plasma for the treatment of COVID 19 in the last 90 days.

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 taking a blood thinner
- are immunocompromised or are receiving 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 and may be more frequent after dose 2 than dose 1. The EUAs state that side effects that have been reported include:**Injection site reactions**: pain, swelling(hardness), redness, tenderness and swelling of the lymph nodes. **General side effects**: tiredness/fatigue, feeling unwell, headache, muscle pain, joint pain, chills, nausea, vomiting,and fever. There is a remote chance that the COVID-19 Vaccine could cause a severe allergic reaction. Signs of a severe allergic reaction can include: difficulty breathing, swelling of your face and throat, a fast heartbeat, a bad rash all over your body, dizziness and weakness.

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 doctorand 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.
- I have had the opportunity to discuss any concerns with my doctor.
- The administration of the vaccine does not create a patient provider relationship between administrator and recipient.
- I understand the risks and benefits of the COVID-19 vaccine.
- I meet the age requirement for the vaccine I am being given, as outlined above.
- I did not have a severe allergic reaction after a previous dose of any COVID-19 vaccine.
- I do not have a severe allergy to any part of this vaccine.
- I understand that my information and vaccination status will be reported to the state.
- I understand I need to remain for observation (15 minutes or 30 minutes with history of anaphylactic reaction due to any cause).
- I freely and voluntarily request to receive the COVID-19 vaccine.

Signature	Date

This section will be completed by clinic

Manufacturer Moderna Pfizer J&J	Lot#	Exp. Date
Route (IM Deltoid Muscle) Left Right	Date/Time Given	Administrator