

## **COVID-19 VACCINATION CONSENT FORM**

The U.S. Food and Drug Administration (FDA) has issued an emergency use authorization (EUA) for a vaccine to prevent COVID-19. An emergency use authorization is not the same as full FDA approval of the vaccine, and that there is currently not enough scientific evidence available for the FDA to fully approve this or any other COVID-19 vaccine.

Like all medications, no vaccine is completely effective, and it takes a few weeks after the vaccine for the body to build up protection. Some people may still get COVID-19 despite having a vaccination, but this vaccine may lessen the severity of any infection.

The vaccine cannot give a person COVID-19 and receiving the complete vaccine and the recommended doses will reduce the chance of an individual becoming seriously ill or dying. A vaccinated individual will still need to follow CDC guidance to reduce the transmission of COVID-19, such as washing hands frequently, keeping social distance, and wearing a face mask when necessary. Like all medications, vaccines can cause side effects. Most of these are mild and short-term, and not everyone will experience them.

- I have been informed that I am at risk of acquiring COVID-19 because of the nature of my professional responsibilities or the professional responsibilities of my co-workers.
- I understand that consent for this vaccine is voluntary. I have the option to accept or refuse administration of the COVID-19 vaccine.
- I have received and read the COVID-19 vaccination information provided to me, which lists the indications, benefits, presently known side effects, and potential adverse reactions of the COVID-19 vaccine. I have had an opportunity to ask questions and have them answered to my satisfaction.
- I understand and agree to comply with any additional follow-up dose recommendations and the timing of the follow-up dose recommendations of the COVID-19 vaccine.
- I understand that, as with all vaccinations, there is no guarantee that I will become immune to COVID-19 or that I will not experience an adverse side effect or reaction from the COVID-19 vaccine.
- I understand that there is a lack of long-term data on the health effects of the COVID-19 vaccine, and I do understand that there may be certain risks in receiving the COVID-19 vaccine.
- I understand that the FDA has authorized use of the COVID-19 vaccine under an Emergency Use Authorization (EUA) and that I nonetheless request and consent to the vaccine being given to me.

- I also understand that in receiving the vaccine, there are many benefits to receiving the COVID-19 vaccine, both for myself, my family, my friends, my co-workers, and the patients I serve.
- I further understand that not getting a COVID-19 vaccine substantially increases the likelihood that I may contract COVID-19.
- By signing, you release the City of Schertz from all liability relating to injuries that may occur during vaccine administration.
- I agree to hold the City of Schertz entirely free from any liability, including any financial responsibility for injuries or any complications that may arise from the vaccine administration.
- By signing below, I understand all these terms and I forfeit all right to bring suit against the City of Schertz or any of their employees for any reason.

***In full understanding of the risks that may be involved in receiving the COVID-19 vaccination, I consent to receive the COVID-19 vaccine***

**FIRST DOSE**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

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**SECOND DOSE – TO BE COMPLETED WHEN YOU COME BACK FOR 2<sup>nd</sup> DOSE**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name