



COVID-19 Vaccine Acknowledgement and Consent Form
Recipient Information (Please Print Clearly)

Section 1: Demographic Information

Last Name:		First Name:	
Date of Birth (MM/DD/YYYY)	Age (years):	Weight (pounds):	
Home Address:		Phone:	
City:	State:	Zip:	

Terminology for COVID-19 Vaccine dosing:

Pediatrics: For the purposes of this initiative, pediatrics is defined as persons aged 0-17 years of age*, but there is a distinct dosing based upon age.

*Of note, there are different dosages for pediatrics ages 5-11, and pediatrics ages 12+

Adult: For the purposes of this initiative, adults are defined as persons aged 18+.

Booster dose: a subsequent dose of vaccine administered to people in whom protection from primary vaccination is likely to have waned over time.

Additional dose after an initial primary series: a subsequent dose of vaccine administered to people who likely did not mount a protective immune response after primary vaccination in order to optimize vaccine-induced protection. An additional mRNA COVID-19 vaccine dose is recommended for moderately and severely immunocompromised people who received an mRNA vaccine primary series.

Section 2: COVID-19 Vaccination History

<p>1. Which dose of the COVID-19 vaccine are you receiving today?</p> <p><input type="checkbox"/> First Dose <input type="checkbox"/> Third Dose (Immunocompromised)</p> <p><input type="checkbox"/> Second Dose <input type="checkbox"/> Booster Dose</p> <p>*If this is your First Dose, skip to Section 3: Vaccination Contraindication Screening below*</p>
<p>2. Please indicate the manufacturer(s) of your previous COVID-19 vaccination doses:</p> <p><u>First Dose:</u> <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Janssen (Johnson & Johnson)</p> <p><u>Second Dose:</u> <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> I have not received a Second Dose</p> <p><u>Third Dose (immunocompromised):</u> <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna</p>
<p>3. FOR IMMUNOCOMPROMISED PERSONS AGED 12 YEARS AND OLDER If you are <u>immunocompromised</u> and seeking a third dose, have you been fully vaccinated with either the Pfizer-BioNtech or Moderna vaccines and has it been more than 28 days since you received your second dose in your primary series?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>4. FOR PERSONS AGED 18 YEARS AND OLDER If you are receiving a booster dose, please select which scenario applies to you:</p> <p><input type="checkbox"/> I have been fully vaccinated with the Pfizer-BioNtech or Moderna vaccine, and it has been more than 6 months since I received the second dose (or third dose for immunocompromised patients) in my primary series.</p> <p><input type="checkbox"/> I am at least 18 years of age or older and received a single dose of Janssen (Johnson & Johnson) COVID-19 vaccine and it has been more than 2 months since I received my first dose.</p>

Section 3: Pre-Vaccination Screening

The following questions will help us determine whether you can receive 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 must be asked. If a question is not clear, please ask a staff member for further explanation:

	Yes	No
1. How old are you? <input type="checkbox"/> 5-11 years <input type="checkbox"/> 12 years or older <input type="checkbox"/> Other _____		
2. Are you feeling sick today?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had a severe allergic reaction* to any of the following:		
• A component of the COVID-19 vaccine	<input type="checkbox"/>	<input type="checkbox"/>
• Polysorbate	<input type="checkbox"/>	<input type="checkbox"/>
• A previous dose of COVID-19 vaccine	<input type="checkbox"/>	<input type="checkbox"/>
• Another vaccine (other than COVID-19 vaccine) or an injectable medication	<input type="checkbox"/>	<input type="checkbox"/>
• Something other than a vaccine or injectable therapy such as food, pet, venom, environmental or oral medication allergies	<input type="checkbox"/>	<input type="checkbox"/>
4. Check all that apply to you:		
• Have a history of myocarditis or pericarditis	<input type="checkbox"/>	<input type="checkbox"/>
• Had COVID-19 and was treated with monoclonal antibodies or convalescent serum	<input type="checkbox"/>	<input type="checkbox"/>
• Diagnosed with Multisystem Inflammatory Syndrome (MIS-C or MIS-A) after a COVID-19 infection	<input type="checkbox"/>	<input type="checkbox"/>
• Have a bleeding disorder and/or take a blood thinner	<input type="checkbox"/>	<input type="checkbox"/>
• Have a history of heparin-induced thrombocytopenia (HIT)	<input type="checkbox"/>	<input type="checkbox"/>
• Am currently pregnant or breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>
• History of Guillain-Barré Syndrome (GBS)	<input type="checkbox"/>	<input type="checkbox"/>

*An allergic reaction includes a severe allergic reaction (e.g., anaphylaxis) that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that occurred within 4 hours that caused hives, swelling, or respiratory distress, including wheezing.

I consent to administration of a COVID-19 vaccination and acknowledge and agree with the following statements:

- The U.S. Food and Drug Administration (FDA) has provided Emergency Use Authorization (EUA) of the Moderna and Janssen (Johnson & Johnson) COVID-19 vaccines. On August 23rd, 2021 the FDA gave full approval of the Pfizer-BioNTech COVID-19 vaccine to go from EUA to full FDA approval for ages 16 and above. Use of the Pfizer-BioNTech COVID-19 vaccine for patients aged 5-15 years remains available under EUA at this time.
- I have received the Fact Sheet for Recipients and Caregivers for the vaccine that I am receiving, and have read it or have it read to me.
- Some versions of the COVID-19 vaccine require additional doses to be effective. I understand that I will be informed at the time of vaccination whether I will need additional dose(s). If additional dose(s) are required, I understand that I am responsible for scheduling an appointment for future doses in accordance with the timeframe outlined in the Fact Sheet.
- I understand the known and potential risks and benefits to the COVID-19 vaccine and the extent to which such benefits and risks are unknown.
- I acknowledge that I have the option to refuse vaccination and have been informed of any available alternatives to the COVID-19 vaccine and the risks and benefits of available alternatives.
- Recipients who are Pregnant or Breastfeeding: Evidence about the safety and effectiveness of COVID-19 vaccination during pregnancy and while breastfeeding, although limited, has been growing. CDC recommends COVID-19 vaccination to persons



who are pregnant, breastfeeding, trying to get pregnant now, or might become pregnant in the future. I have discussed the potential risks of COVID-19 infection versus the risk of vaccination with my healthcare provider and have made the informed decision to receive a COVID-19 vaccine.

- **Recipients of additional doses:** By receiving a third dose, you represent that you are immunocompromised.
- **Recipients of booster doses:** By receiving a booster dose, you represent that you meet one of the following qualifications: you are 18 years or older and received your mRNA (Moderna or Pfizer-BioNTech) COVID-19 primary vaccine series at least 6 months ago; or 18 years or older and received your primary vaccine series (single dose) with Janssen (Johnson & Johnson).
- I understand that it is recommended that I remain at the vaccination clinic for fifteen (15) minutes following administration of the vaccine for observation (the "Monitoring Period") to ensure I do not experience an adverse reaction. Recipients that have a history of severe allergic reactions should be monitored for thirty (30) minutes post vaccination.
- I acknowledge that I have received information on V-safe, a voluntary smartphone based tool operated by the Centers for Disease Control and Prevention (CDC). Through V-safe, vaccine recipients can report any side effects of the COVID-19 vaccine to the CDC. This information helps CDC monitor the safety of COVID-19 vaccines in near real time.
- I authorize Ascension or its agents to submit a claim to my insurance provider for administration of the COVID-19 vaccine. I understand that I will have no out of pocket cost or cost sharing associated with receiving the vaccine. I acknowledge I was offered the Notice of Privacy Practices, which is also available at healthcare.ascension.org/NPP.
- I have had the opportunity to ask questions which have been answered to my satisfaction.

If you experience an adverse reaction to the COVID-19 vaccine, please contact your primary care provider or present to the nearest emergency department. If you are experiencing a medical emergency, call 911.

Signature of Recipient/Authorized Representative:	Date:
Print:	
If signed by Authorized Representative, please state relationship to Recipient:	

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Vaccine Administrator (Signature):
Vaccine Administrator (Print Name):
Administration Date/Date Fact Sheet Provided:

Manufacturer	Lot Number	Expiration Date	Site of Administration

Monitoring Period completed and no adverse reaction noted. Recipient declined Monitoring Period. Waiver completed.

Signature of Observer: _____ Print Name: _____
Date/time: _____

COVID-19 Acknowledgement and Consent Form and Monitoring Period Waiver (if applicable) uploaded to PureOHS (for recipients who are Ascension associates, contractors, or medical staff members only) or the native EHR (for recipients who are Ascension patients).