



Informed Consent for COVID-19 Vaccine (Moderna or Johnson and Johnson Janssen)

Initials I verify that I have been provided with and have read the Emergency Use Authorization Fact Sheet for the appropriate COVID-19 vaccine. I acknowledge that I have had a chance to ask questions of a medical professional about the vaccine. I understand the known risks and the potential benefits of receiving the vaccine, as described in the Fact Sheet(s). I understand that the Moderna and the Johnson and Johnson (J&J) COVID-19 vaccines are two different brands of vaccine. I request and consent to the COVID-19 vaccine being given to me.

Initials I understand it is recommended that I remain on site for at least 15 minutes after receiving the COVID-19 vaccine and that, depending on the recommendation of medical professionals, I may be asked to remain on site longer for monitoring.

_____ Initials	I understand that there is no guarantee of a second COVID-19 vaccine dose being provided to me given the very limited current supply at OakBend. For J&J vaccine recipients and Moderna 2 nd dose recipients, this statement does not apply.
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Signature of the vaccine recipient

Date

Print name legibly

Date of Birth

1st DOSE

2nd DOSE

COVID vaccine manufacturer (circle one): Moderna OR J&J Lot # _____ Expiration _____

Injection site: ___Left deltoid ___Right deltoid Other: _____(please specify)

Administered by: _____ Date/Time given: _____