



Informed Consent for COVID-19 Vaccine

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 COVID-19 vaccine. I understand the known risks and the potential benefits of receiving the vaccine, as described in the Fact Sheet. . 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.

Signature of the vaccine recipient

Date

Print name legibly

Date of Birth

- 1st DOSE
- 2nd DOSE
- 3rd DOSE
- Booster 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: _____