**COVID-19 Vaccine**

**Educational Material and Consent Form**

Patient name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of provider conducting informed consent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

There are several COVID-19 vaccines currently available. The Centers for Disease Control and Prevention (CDC) recommends a COVID vaccine for anyone 6 months or older, including pregnant and breastfeeding patients.

* Pfizer (EUA approved 6 months-11 years old)
* Moderna (EUA approved 6 months-11 years old)
* Novavax (EUA approved 12 years and older)
* Comirnaty (FDA approved 12 years and older)
* Spikevax (FDA approved 12 years and older)

[Emergency Use Authorization-EUA; Food and Drug Administration-FDA]

**Facts About the Vaccine**

In general, the Centers for Disease Control and Prevention (CDC) recommends that people receive an age-appropriate vaccine. The vaccine dose is based on the patient’s age on the day of vaccination and additional dosages are given based on the CDC vaccine recommended intervals for that age group.

For specific information, refer to the Vaccine Fact Sheet for Patients.

**Risks and Common Problems**

There are risks linked to this vaccine, which include but are not limited to:

* chills, fever, and headache;
* joint pain and muscle aches;
* unusual feeling in the skin such as tingling, decreased skin sensitivity;
* nausea and vomiting;
* fatigue and feeling sick;
* unusual irritability and persistent poor feeding (in babies);
* swollen lymph nodes;
* pain, soreness, redness and swelling at the injection site (these are common and could happen up to four hours after your shot);
* a vasovagal response (where you may feel faint); and
* myocarditis and pericarditis (inflammation of heart muscle and nearby tissue).

These problems may start one to two days after the vaccine is given. Most will get better after three days or sooner and are a sign that your immune system is working.

All vaccines can cause side effects. Problems that are not expected may happen. These problems may be life threatening, such as swelling of your tongue or throat or a bad rash all over your body. There have also been reports of thrombosis (blood clots) with thrombocytopenia (low platelet count), Guillain-Barré syndrome, and capillary leak syndrome. If you have any severe symptoms (including chest pain, shortness of breath or a fast or pounding heartbeat) after the vaccine, seek medical attention right away.

**Other Choices**

If you decide not to take the vaccine and get exposed to the virus, then you may have more severe symptoms of COVID.

**More Facts**

You will get the vaccine through a shot. In adults, the needle will be put into the muscle in the upper arm. **You will be asked to stay at the vaccine location for at least 15 minutes after you get your shot.** Studies show that 70% of allergic reactions will take place within 15 minutes, and 90% will take place within 30 minutes.

The vaccine cannot give you COVID and getting the vaccine is a safer way to build up immunity.

For a person who is previously vaccinated with any COVID vaccine, the additional dose will be given at least two months after the last COVID vaccine.

**Vaccine for Pregnant and Lactating Women**

Pregnant people can receive any of the current FDA-approved or FDA-authorized COVID vaccines.

Based on what we know at this time from the CDC, pregnant women are at a higher risk for severe sickness from COVID compared to non-pregnant women. American College of Obstetricians and Gynecologists (ACOG) recommends that all eligible pregnant and lactating women, get a COVID vaccine.

**Consent to Treatment**

This consent form told you about the COVID vaccine and its most common risks. If, after reviewing this form, you do not believe that you understand the risks and your choices, then **do not sign the form until all your questions have been answered.**

You are being offered one of these vaccines. Today you choose to get the following vaccine: ***(check your choice)***

* Pfizer
* Moderna
* Comirnaty
* Spikevax
* Novavax

I understand the facts given to me in this consent form and it is my choice to get the COVID vaccine. I give my consent for a COVID vaccine. By signing below, I agree that the staff/doctor has discussed the facts in this form with me, that no one has given me any guarantee about the vaccine, that I have had a chance to ask questions, and that all my questions have been answered.

I agree I was given a copy of the vaccine fact sheet today.

The CDC guidelines advise anyone with a history of a severe or immediate allergic reaction to polyethylene glycol, which is commonly found in laxatives, should not take the Pfizer or Moderna vaccine.

I have given my provider an updated medical history.

I have \_\_\_ no known drug allergies **or** \_\_\_ the drug allergies listed below:

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Signature of Patient or Responsible Party Date and Time

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Relationship to Patient (if Responsible Party is not Patient)

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Witness Date and Time

Reference:

Updated (2023–2024 Formula) COVID-19 Vaccine

[Interim COVID-19 Immunization Schedule](https://www.cdc.gov/vaccines/covid-19/downloads/COVID-19-immunization-schedule-ages-6months-older.pdf)