COVID-19 Vaccine Questionnaire & Acknowledgment Form

Please read the COVID-19 Pfizer Vaccine Information Fact Sheet, or the Emergency Use Authorization (EUA) Fact Sheet for Moderna or Janssen (Johnson & Johnson) as applicable, if you have not done so already.

1. Are you allergic to any ingredient in any of the COVID-19 vaccines* including but not limited to polyethylene glycol (PEG) or polysorbate? The ingredients of each of the vaccines is listed below.  Please circle: YES or NO

   If “yes,” you may not take a vaccine that has any ingredient to which you are allergic. It is possible you may be able to take one of the vaccines that does not contain that ingredient. Please alert the vaccine administration staff to your allergy and discuss options with them.

2. Have you experienced a high fever or severe illness in the past 7 days? Please circle: YES or NO

   If “yes,” you are not eligible to receive the COVID-19 vaccine until your fever or illness has resolved for at least 24 hours without the use of a fever-reducing medication.

3. In the past, have you experienced a severe allergic reaction (e.g., anaphylaxis) to anything besides vaccines, such as a reaction to medication (oral or injectable), food, or a bee sting, to the point where medical attention was required? Please circle: YES or NO

   If “yes,” you can get the vaccine. But because of your specific health needs, you will likely need to be monitored for 30 minutes after your vaccine. At the time of vaccination, please alert the vaccine administration staff to your condition. Please continue with the questionnaire.

4. Do you have myocarditis and/or pericarditis? Please circle: YES or NO

   If “yes,” you can receive a COVID-19 vaccine. However, you may wish to discuss any questions you have about your health and the best COVID-19 vaccine for you with your personal physician prior to receiving your vaccine. Please alert the vaccine administration staff to your condition at the time of your vaccination.

5. Do you have a history of Guillain Barre Syndrome? Please circle: YES or NO

   If “yes,” you may not take the Janssen vaccine; you are only eligible to take the Pfizer or Moderna vaccine. Please alert the vaccine administration staff to your condition at the time of your vaccination.

6. Do either of these statements apply to you? Please circle: YES or NO

   • You have received convalescent plasma for SARS-CoV-2 (COVID-19) in the last 90 days.
   • You have received monoclonal antibody infusions for SARS-CoV-2 (COVID-19) in the last 90 days.

   If “yes,” you are not eligible to receive the COVID-19 vaccine until 90 days have passed since therapy.

7. If you are requesting a third dose of either the Pfizer or Moderna vaccine, has it been at least 28 days since your second dose of that vaccine? Please circle: YES or NO

   If “no,” you are not eligible to receive a third dose until 28 days have passed since your second dose.
Acknowledgment

By signing this form, you hereby acknowledge and agree to the following statements:

- If you experience any severe allergic reactions (e.g., difficulty breathing, swelling in face or throat, rash all over your body, dizziness or weakness, fast heartbeat that is new), you agree to call the nurse triage phone number at 346.356.3444 or call 911.
- You acknowledge that you have read the FDA’s Pfizer COVID-19 Vaccine Information Fact Sheet or Moderna or Janssen Emergency Use Authorization Fact Sheet, as applicable.
- You understand that even after you receive the COVID-19 vaccine, you should continue safety practices such as wearing a face mask, social distancing and frequent hand washing.
- You understand that protection against COVID-19 may not be effective until at least 7 days after the single dose administration for the Janssen COVID-19 vaccine and may not be effective until at least 7 days after the second dose for the Pfizer or Moderna COVID-19 vaccine.
- You represent that if you are requesting a third dose of the Moderna vaccine, you have one or more of the following conditions (“Immunocompromised Conditions”):
  - Active treatment for solid tumor and hematologic malignancies.
  - Receipt of solid-organ transplant and taking immunosuppressive therapy.
  - Receipt of CAR-T-cell or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy).
  - Moderate or severe primary immunodeficiency (e.g., DiGeorge, Wiskott-Aldrich syndromes).
  - Advanced or untreated HIV infection.
  - Active treatment with high-dose corticosteroids (i.e., ≥20mg prednisone or equivalent per day), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, TNF blockers, and other biologic agents that are immunosuppressive or immunomodulatory.
- You represent that if you are requesting a third dose of the Pfizer vaccine, you meet one or more of the following criteria or you have an order for off-label use from your physician:
  - You have one of the Immunocompromised Conditions listed above
  - You are 65 years old or older
  - You are a resident of a long-term care facility
  - You are at increased risk of exposure and transmission to COVID-19 because of your occupation or your institutional setting
  - You are 18-64 years old with one of the following underlying medical conditions:
    - Cancer
    - Chronic Kidney disease
    - Chronic Lung disease (including COPD, asthma, interstitial lung disease, cystic fibrosis, and pulmonary hypertension)
    - Dementia or other neurological condition
    - Diabetes (Type 1 or Type 2)
    - Down Syndrome
    - Heart Conditions (such as heart failure, coronary artery disease, cardiomyopathies or hypertension)
    - HIV infection
    - Liver disease
    - Overweight or obesity
    - Pregnancy
    - Sickle Cell Disease or thalassemia
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- You represent that if you are requesting a third dose of the Pfizer or Moderna vaccine, it has been at least 28 days since you received your second dose of the vaccine.
- You understand that you are encouraged to download and use the V-safe app on your phone to report any side effects or adverse reactions you may have. This will help the government and the CDC monitor any side effects or adverse reactions from the vaccine.

**Consent**

By signing this form, you are requesting to receive the COVID-19 vaccine. Depending on which vaccine you are receiving and the indication for it, you will receive one of the following: the U.S. Food & Drug Administration (FDA) fully approved Pfizer vaccine (for anyone 16 years old or older receiving their first or second dose), or the Pfizer, Moderna or Janssen vaccine that has been authorized by the FDA under an emergency use authorization. You can ask the vaccine provider which vaccine you are receiving. You are not required to take this vaccine.

The significant known and potential risks of both the Pfizer and the Moderna COVID-19 vaccines include: injection site pain, fatigue, headache, muscle pain, chills, joint pain, fever, injection site swelling, injection site redness, nausea, malaise, lymphadenopathy, severe allergic reactions (including anaphylaxis and other hypersensitivity reactions such as rash, pruritus, urticaria, angioedema), diarrhea, vomiting, syncope (fainting), myocarditis and pericarditis. Please see the FDA Pfizer Vaccine Information Fact Sheet or the FDA Moderna Emergency Use Authorization (EUA) Fact Sheet, as applicable, for more detailed information.

The significant known and potential risks of the Janssen COVID-19 vaccine include: injection site pain, headache, fatigue, myalgia, nausea, fever, injection site erythema, injection site swelling, anaphylaxis, thrombosis with thrombocytopenia, capillary leak syndrome, and Guillain Barre syndrome. Please see the FDA Janssen (Johnson & Johnson) Emergency Use Authorization (EUA) Fact Sheet for more detailed information.

In addition, taking the COVID-19 vaccine may not protect all recipients.

The benefits to the COVID-19 vaccine include a significant reduction in the risk of contracting COVID-19 and being able to transmit it to others and even higher reduction in the risk of severe disease, hospitalization and/or death from COVID-19.

The Pfizer, Moderna and Janssen COVID-19 vaccines are the only ones currently authorized or approved (as applicable) by the FDA. There are no other approved or authorized vaccines available for you.

____________________  ____________________
Printed Legal Name    Date of Birth

____________________
Signature

____________________
Date

Parent/guardian signature (if the patient is a minor under the age of 18)
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**Pfizer COVID-19 Vaccine**

The Pfizer vaccine includes the following ingredients:
- mRNA = BNT162b2 RNA
- ALC-0159 = 2[(polyethylene glycol)-2000]-N,N-ditetradecylacetamide
- potassium chloride
- monobasic potassium phosphate
- dibasic sodium phosphate dihydrate
- ALC-0315 = (4-hydroxybutyl)azanediyl) bis(hexamane-6,1-diyl)bis(2-hexyldecanoate)
- 1,2-Distearoyl-sn-glycero-3-phosphocholine
- sodium chloride
- sucrose

**Moderna COVID-19 Vaccine**

The Moderna vaccine includes the following ingredients:
- messenger ribonucleic acid (mRNA)
- lipids (SM-102, polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG], cholesterol, and 1,2-distearoyl-sn-glycero-3-phosphocholine [DSPC])
- tromethamine
- tromethamine hydrochloride
- acetic acid
- sodium acetate trihydrate
- sucrose

**Janssen/Johnson & Johnson COVID-19 Vaccine**

The Janssen vaccine includes the following ingredients:
- recombinant replication-incompetent adenovirus type 26 expressing the SARS-CoV-2 spike protein
- citric acid monohydrate
- trisodium citrate dihydrate
- ethanol
- 2-hydroxypropyl-β-cyclodextrin (HBCD)
- polysorbate-80
- sodium chloride