

Pfizer- BioNTech 2020-2021 COVID 19 VACCINE CONSENT FORM

PRINTED NAME _____ DOB _____

GENDER: _____ SOCIAL SECURITY NUMBER _____ PHONE NUMBER: _____

ADDRESS: _____ ZIP CODE: _____

EMAIL: _____ ETHNICITY: Hispanic or Latino Non Hispanic or Latino Refuse

RACE: African American American-Indian Asian Caucasian Pacific-Islander Unknown Refuse

INFORMATION

I understand the following treatment is planned for me: Vaccination with Pfizer-BioNTech COVID-19 Vaccine. This Pfizer-BioNTech COVID-19 Vaccine is made from a nucleoside-modified messenger RNA (modRNA) encoding the viral spike glycoprotein (S) of SARS-CoV-2. Each 0.3 ml intramuscular dose of the 2020-2021 Pfizer-BioNTech COVID-19 Vaccine contains the following ingredients: mRNA lipids ((4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2hexyldecanoate), 2-[(polyethylene glycol)-2000]-N,N-ditetradecylacetamide, 1,2-distearoyl-sn-glycero-3-phosphocholine, and cholesterol), potassium chloride, monobasic potassium phosphate, sodium chloride, dibasic sodium phosphate dihydrate, and sucrose. A single dose of the vaccine obtained from a multi dose vial used by Animas Surgical Hospital this year is manufactured and formulated without preservatives.

RISKS AND BENEFITS

Just as there are many risks and hazards in not taking the vaccine, I understand there are also risks and hazards related to this vaccine. I understand that no warranty or guarantee has been made to me. A vaccine, like any medicine, could possibly cause serious problems such as severe allergic reactions. Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the shot.

If any problems occur, they usually begin soon after the shot and last 1-2 days. The most common side effects of Pfizer-BioNTech COVID-19 Vaccine are:

- ♦ Injection site reactions (pain, redness, swelling)
- ♦ Fatigue
- ♦ Fever
- ♦ Headache
- ♦ Muscle Pain
- ♦ Chills
- ♦ Joint Pain
- ♦ Lymphadenopathy
- ♦ Nausea
- ♦ Malaise

CONTRAINDICATIONS / PRECAUTIONS

This is a list of possible conditions to review prior to Pfizer-BioNTech COVID-19 Vaccination. If you check YES to any, please discuss with the NURSE.

- Yes No Life-threatening allergic reaction (e.g., anaphylaxis) to any component of the vaccine as listed above (including polyethylene glycol (PEG) and polysorbate), any other vaccine, or any injectable medication, or any food/latex/medication? If Yes, what? _____
- Yes No Moderate or severe acute illness with or without fever including COVID 19 in last 14 days? Delay vaccine until recover.
- Yes No Received any vaccinations in the last 14 days? If yes, wait 14 days until Covid 19 vaccine administration.
- Yes No Recovered from Covid infection or had antibody therapy in the last 3 months? Defer vaccination for 90 days.
- Yes No Immunocompromised persons? May have a diminished immune response to the Pfizer-BioNTech Covid-19 Vaccine.
- Yes No Have a bleeding disorder or taking a blood thinner?
- Yes No Pregnant or breastfeeding? Vaccine administered to pregnant women are insufficient to inform vaccine-associate risks in pregnancy; data is not available to assess the effects of the vaccine on breastfed infant or on milk production/excretion.

I, the undersigned, hereby release Animas Surgical Hospital employees, agents, affiliates, and independent contractors from any and all liability arising from or in any way connected with receiving the Pfizer-BioNTech COVID 19 Vaccine. I have been given the current Fact Sheet For Recipients and Caregivers provided by Pfizer-BioNTech. I have read it or had it read to me and had the opportunity to ask questions. I request the 2020-2021 Pfizer-BioNTech COVID 19 vaccine be given to me.

Immunization records are confidential, personal medical information. The Colorado Immunization Information System (CIIS) is a lifelong immunization record tracking system under the Colorado Immunization Registry Act of 2007. I hereby consent for release of this vaccine dose to CIIS. I also give my consent for provision of this vaccine dose to other hospitals of which I am a staff member or medical staff member.

SIGNATURE _____

DATE _____

Pfizer-BioNTech COVID 19 VACCINE Lot#: _____ Expiration Date: _____ Manufacturer: Pfizer-BioNTech
Dose Number: _____ Dose Amount: 0.3 ml Route: IM Site: L R

NURSE SIGNATURE _____ DATE: _____ TIME: _____

Signature (must be legible)

OFFICE USE ONLY:	ED Physician on Duty Today: _____
Location: <u>EH</u> Pt. Type: <u>OUTPT</u> Admit Type: <u>Elective</u> Reason: <u>COVID 19 Vaccine</u> Fin# _____ Registered By: _____	
<input type="checkbox"/> ORDERED By: _____ Date: _____	<input type="checkbox"/> ORDER COMPLETED By: _____ Date: _____
<input type="checkbox"/> PREPARED By: _____ Date: _____	<input type="checkbox"/> ADMINED By: _____ Date: _____
<input type="checkbox"/> BambooHR By: _____ Date: _____	<input type="checkbox"/> Scanned By: _____ Date: _____