

## COVID-19 Vaccine Consent

### IMPORTANT SAFETY INFORMATION

#### **What should you mention to your vaccination provider before you get the COVID-19 Vaccine?**

Tell your vaccination provider about all of your medical conditions, including if you:

- Have any allergies
- Have a fever
- Have a bleeding disorder or are on a blood thinner
- Are immunocompromised or are on a medicine that affects your immune system
- Are pregnant or plan to become pregnant
- Are breastfeeding
- Have received another COVID-19 vaccine

#### **Who should not get the COVID-19 Vaccine?**

You should not get the COVID-19 Vaccine if you:

- had a severe allergic reaction after a previous dose of this vaccine
- had a severe allergic reaction to any ingredient of this vaccine

#### **What are the risks of the COVID-19 Vaccine?**

Side effects that have been reported with the COVID-19 Vaccine include:

- Injection site reactions: pain, tenderness and swelling of the lymph nodes in the same arm of the injection, swelling (hardness), and redness
- General side effects: fatigue, headache, muscle pain, joint pain, chills, nausea and vomiting, and fever

There is a remote chance that the COVID-19 Vaccine could cause a severe allergic reaction. A severe allergic reaction would usually occur within a few minutes to one hour after getting a dose of the COVID-19 Vaccine. For this reason, your vaccination provider may ask you to stay at the place where you received your vaccine for monitoring after vaccination.

Signs of a severe allergic reaction can include:

- Difficulty breathing
- Swelling of your face and throat
- A fast heartbeat
- A bad rash all over your body
- Dizziness and weakness

These may not be all the possible side effects of the COVID-19 Vaccine. Serious and unexpected side effects may occur. The COVID-19 Vaccine is still being studied in clinical trials.

**I have been given the opportunity to ask questions, and I have had my questions answered to my satisfaction. I understand the benefits and the risks of the vaccine and ask that the vaccine be administered to me.**

Print Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_