

COVID-19 VACCINATION INFORMED CONSENT

/FC	NI-C		DI FACE ANGLES	ALL OF THE	FOLLOWING OUTCO	TIONIC.	
YES	NC			ALL OF THE	FOLLOWING QUEST	IIONS:	
		Are you sick today Have you received	yr d antibody therapy or cor	nvalescent pla	ısma for COVID-19 tre	eatment in the past 90 d	lays?
		yes, date: /	<i></i>				
		Have you received within the next 14	d any other vaccine in the days?	e past 14 days	or are you scheduled	d to receive any vaccina	tions
		Have you ever ha	d a severe allergic reaction	n to any vacc	ine or injectable med	ication?	
The	Moc	derna COVID-19 vacc	ine is a series of two (2) o	loses spaced	anart by 28 days base	ed on manufacturer and	FDA
			e that you can complete	•			
				CONSENT			
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