



COVID-19 VACCINATION INFORMED CONSENT

Name: _____

Date of Birth: ____ / ____ / ____

YES	NO	PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS:
		Are you sick today?
		Have you received antibody therapy or convalescent plasma for COVID-19 treatment in the past 90 days? <i>If yes, date: ____/____/____</i>
		Have you received any other vaccine in the past 14 days or are you scheduled to receive any vaccinations within the next 14 days ?
		Have you ever had a severe allergic reaction to any vaccine or injectable medication?

The Moderna COVID-19 vaccine is a series of two (2) doses spaced apart by 28 days based on manufacturer and FDA guidelines. Please ensure that you can complete the series before consenting to this vaccine administration.

CONSENT

I consent to the administration of two injections of the COVID-19 virus vaccine. I have read the Fact Sheet for Recipient and Caregivers Emergency Use Authorization document from the manufacturer. I have been advised of and understand the risks, side effects, benefits and alternatives to receiving the vaccine. I understand that there may be risks that are not yet known and other remote risks. I understand the conditions under which the vaccine should not be administered and am unaware of the presence of any of these conditions in myself. I have been advised and understand the vaccine is a series of two injections and I intend to complete the series. I understand that I am receiving the vaccine voluntarily and that I have the option to accept or refuse the COVID-19 vaccine at any time, for any reason. I understand that I will not realize the benefit of the vaccine if I decline to receive the second injection.

Authorization to release COVID vaccination to employer. By signing this consent, I authorize this information to be shared in the Wisconsin Immunization Registry (WIR).

Signature: _____

Date: _____

COVID-19 DOSE #1 - Moderna		COVID-19 DOSE #2 - Moderna	
Route: IM	Dose: 0.5ml	Route: IM	Dose: 0.5ml
Site: Right Deltoid	Left Deltoid	Site: Right Deltoid	Left Deltoid
Lot#:		Lot#:	
Exp. Date:		Exp. Date:	
Signature of Administrator:		Signature of Administrator:	
Meditech username:		Meditech username:	

Next Appointment Schedule Date: _____