SeMRHI
Southeast Mississippi Rural Health Initiative, Inc.
A Network of Community Health Centers
Hattiesburg · Seminary · Brooklyn · Lumberton · Sumrall · New Augusta · Beaumont · Picayune
Administration
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COVID-19 VACCINATION CONSENT - Moderna

Temp: _____

Please Complete All Information Below-Please Print

MRN#_____

Name_____ID# _____Dept _____

SS#_____DOB_____Age_____Race _____Sex: ☐F ☐M

Address _____

City _____County _____St_____ Zip _____

1. 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.

2. WHAT ARE THE INGREDIENTS IN THE COVID-19 VACCINE?
   - The **Moderna** COVID-19 Vaccine includes the following ingredients: 100 mcg of nucleoside-modified messenger RNA (mRNA) encoding the pre-fusion stabilized Spike glycoprotein (S) of SARS-CoV-2 virus, total lipid content of 1.93 mg (SM-102, polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG], cholesterol, and 1,2-distearoyl-sn-glycero-3-phosphocholine [DSPC]), 0.31 mg tromethamine, 1.18 mg tromethamine hydrochloride, 0.043 mg acetic acid, 0.12 mg sodium acetate, and 43.5 mg sucrose.

3. Tell the 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
   - have received another COVID-19 vaccine

4. Are you now currently ill and/or fever? ☐Yes ☐No

5. Are you pregnant or plan to become pregnant? ☐Yes ☑No
   - Clinical trials for the vaccine have not included pregnant women as of December 2020. Please consult with your provider if you are pregnant or breastfeeding.

SeMRHI COVID-19 VACCINE INFORMED CONSENT:
I have read or it has been explained to me the information about the COVID-19 vaccine and its approval via the emergency use authorization. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of COVID-19 vaccine and request the vaccine be given to me. Therefore, I agree to hold SeMRHI harmless from any injury, complication or side effect(s) caused by the administration of said vaccine.

Vaccine	Date Dose Administered	Injection Site	Vaccine Manufacturer	Lot Number	Signature of Vaccine Administrator	EUA
2020 - 2021 COVID-19 Vaccine	/ /2021	☐Left ☒Arm ☐Right ☐Thigh	Moderna			December 2020

_____ / /2021
Patient's Signature Date

_____ / /2021
Witness (Signature) Date

Prevaccination Checklist for COVID-19 Vaccines

For vaccine recipients:

Patient Name _____

Age _____

The following questions will help us determine if there is any reason you should not get the COVID-19 vaccine today. **If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated.** It just means additional questions may be asked. If a question is not clear, please ask your healthcare provider to explain it.

	Yes	No	Don't know
1. Are you feeling sick today?	☐	☐	☐
2. Have you ever received a dose of COVID-19 vaccine?	☐	☐	☐
• If yes, which vaccine product did you receive? ☐ Pfizer ☐ Moderna ☐ Janssen (Johnson & Johnson) ☐ Another product _____			
3. Have you ever had an allergic reaction to: (This would include a severe allergic reaction [e.g., anaphylaxis] that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that occurred within 4 hours that caused hives, swelling, or respiratory distress, including wheezing.)			
• A component of a COVID-19 vaccine including either of the following:			
○ Polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures	☐	☐	☐
○ Polysorbate, which is found in some vaccines, film coated tablets, and intravenous steroids.	☐	☐	☐
• A previous dose of COVID-19 vaccine.	☐	☐	☐
• A vaccine or injectable therapy that contains multiple components, one of which is a COVID-19 vaccine component, but it is not known which component elicited the immediate reaction.	☐	☐	☐
4. Have you ever had an allergic reaction to another vaccine (other than COVID-19 vaccine) or an injectable medication? (This would include a severe allergic reaction [e.g., anaphylaxis] that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that occurred within 4 hours that caused hives, swelling, or respiratory distress, including wheezing.)	☐	☐	☐
5. Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something other than a component of COVID-19 vaccine, or any vaccine or injectable medication? This would include food, pet, venom, environmental, or oral medication allergies.	☐	☐	☐
6. Have you received any vaccine in the last 14 days?	☐	☐	☐
7. Have you ever had a positive test for COVID-19 or has a doctor ever told you that you had COVID-19?	☐	☐	☐
8. Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19?	☐	☐	☐
9. Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies?	☐	☐	☐
10. Do you have a bleeding disorder or are you taking a blood thinner?	☐	☐	☐
11. Are you pregnant or breastfeeding?	☐	☐	☐
12. Do you have dermal fillers?	☐	☐	☐

Form reviewed by _____ **Date** _____

Adapted with appreciation from the Immunization Action Coalition (IAC) screening checklists