Lompoc Valley Medical Center – 2nd Dose

Administration of either Pfizer or Moderna Vaccine

SARS-COV-2 (COVID-19) Vaccine, mRNA, Spike protein, LNP, Preservative Free Consent 2020-2021

Name: _____**DOB:**_____ **Facility** _____

The Disease: COVID-19 disease is caused by a coronavirus called SARS-CoV-2; this has not been seen before. You can get COVID-19 through contact with another person who has the virus. It is predominantly a respiratory illness that can affect other organs. People with COVID-19 have had a wide range of symptoms reported, ranging from mild symptoms to severe illness. Symptoms may appear 2 to 14 days after exposure to the virus. Symptoms may include: fever or chills; cough; shortness of breath; fatigue; muscle or body aches; headache; new loss of taste or smell; sore throat; congestion or runny nose; nausea or vomiting; diarrhea.

The Immunization The Pfizer or Moderna Vaccines are unapproved vaccine that may prevent COVID-19. There is no FDA-approved vaccine to prevent COVID-19. Both vaccines contain a modified messenger RNA that codes for the viral spike glycoprotein(S) of SARS-CoV-2. The vaccine also includes a lipid strand, potassium chloride, monobasic potassium phosphate, sodium chloride, dibasic sodium phosphate dihydrate, and sucrose. It is a series of two intramuscular doses 21 (Pfizer) or 28 (Moderna) days apart.

Side Effects: Side effects that have been reported with the Moderna COVID-19 Vaccine include injection site reactions such as pain, tenderness and swelling of the lymph nodes in the same arm of the injection, swelling (hardness), and redness. Data from Pfizer included an ongoing trial that has ~44,000 patients and safety data on ~38,000 patients. Other common adverse reactions were injection site reactions, fatigue, headache, muscle pain, chills, joint pain, and fever. There is a remote chance the vaccine could cause a severe allergic reaction and usually occurs within a few minutes to one hour after getting the vaccine. Signs of a severe allergic reaction include difficulty breathing, swelling of face/throat, fast heartbeat, dizziness, and rash.

Insurance/Personal Info – Patient to Complete:

Phone #:	**Address:**	
Insurance Plan Name/ID#:	**/**	
Ethnicity :	☐ Hispanic or Latino	☐ Not Hispanic or Latino
Race:	☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian (Incl. South Asian)	
	☐ Native Hawaiian or Other Pacific Islander ☐ Multiple Races ☐ Unknown Race ☐ Not Reported	

CONSENT: I have read the above statement about the SARS-CoV-2 (COVID-19) vaccine and have had the opportunity to ask questions. I understand the possible benefits and risks of the vaccination. I request that the SARS-CoV-2 (COVID-19) vaccine be administered to me at this time. I understand that it is not possible to predict all possible side effects or complications associated with receiving vaccine(s). I understand the risks and benefits associated with the above vaccine(s) and have received, read and/or had explained to me the EUA Fact Sheet on the vaccine(s) I have elected to receive. I acknowledge that I have been advised that I should remain near the vaccination location for observation for approximately 15 minutes after administration. I acknowledge that LVMC may disclose my vaccination information to the State Registry, to the State Health Information Exchange (HIE), or through the State HIE to the State Registry, or to any state or federal governmental agencies or authorities, such as state, county, or local Departments of Health or the federal Department of Health and Human Services, the CDC, or their respective designees as may be required by law, for purposes of public health reporting, or to my healthcare providers enrolled in the State Registry and/or State HIE for purposes of care coordination. I acknowledge that I may prevent, by using a state-approved opt-out form the disclosure of my vaccination information to the State HIE and/or State Registry; or from sharing my vaccination information with any of my other healthcare providers enrolled in the State Registry and/or State HIE.

CDC CONSIDERS A HISTORY OF THE FOLLOWING TO BE A CONTRAINDICATION TO VACCINATION WITH BOTH THE PFIZER-BIONTECH AND MODERNA COVID-19 VACCINES	**YES**	**NO**
• Severe allergic reaction (e.g., anaphylaxis) after a previous dose of an mRNA COVID-19 vaccine or any of its components		
• Immediate allergic reaction of any severity to a previous dose of an mRNA COVID-19 vaccine or any of its components (including polyethylene glycol [PEG])*		
• Immediate allergic reaction of any severity to polysorbate (due to potential cross-reactive hypersensitivity with the vaccine ingredient PEG)*		

Signature: _____ **Date:** _____

Witness/Administered by: _____

Lot #: _____ Exp:_____

Injection: Mfr:

Site: R or L Deltoid (Circle one)