Madison Medical Affiliates
COVID-19 Vaccine Acknowledgement and Consent Form
Moderna COVID-19 Vaccine FIRST DOSE

Recipient Information (Please Print Clearly)

Last Name:	First Name:	Date of Birth:
Home Address:		Phone:
City:	State:	Zip:

The following questions will help us determine whether you can receive 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 must be asked. A known history of a severe allergic reaction (e.g., anaphylaxis) to any component of the Moderna COVID-19 vaccine is a contraindication to Moderna COVID-19 vaccine. See the Moderna EUA for a list of components. If a question is not clear, please ask a staff member for further explanation:

	Yes	No	N/A
Are you sick today?	❑	❑	
Do you have a history of severe allergies?	❑	❑	
Have you ever had a serious reaction after receiving a vaccination?	❑	❑	
Do you have a bleeding disorder or are you on a blood thinner?	❑	❑	
Are you immunocompromised or on a medication that affects your immune system?	❑	❑	
For women: Are you pregnant or planning to become pregnant?	❑	❑	❑
For women: Are you breastfeeding?	❑	❑	❑
Have you received any vaccinations in the past 2 weeks?	❑	❑	
Have you previously been diagnosed with COVID-19 **AND** were treated with monoclonal antibodies within the last 90 days?	❑	❑	

I understand that the COVID-19 vaccine I will receive today requires two (2) doses from the same manufacturer to be fully effective. I understand I must return within 24-28 days of the first dose to receive a second dose of the vaccine. If more than 28 days have elapsed since the first dose, the second dose should be given at the earliest opportunity.

I consent to administration of the Moderna COVID-19 vaccination and acknowledge and agree with the following statements:

- I have received the Emergency Use Authorization (EUA) Fact Sheet for Recipients and Caregivers for the Moderna COVID-19 Vaccine (the "Fact Sheet").
- I have read the Fact Sheet or had it read to me.
- The U.S. Food and Drug Administration (FDA) has authorized emergency use of the Moderna COVID-19 vaccine, which is not an FDA-approved vaccine. At this time, there is no FDA approved vaccine to prevent COVID-19.
- I understand the known and potential risks and benefits to the Moderna COVID-19 vaccine and the extent to which such benefits and risks are unknown.
- I acknowledge that I have the option to refuse vaccination and have been informed of any available alternatives to the Moderna COVID-19 vaccine and the risks and benefits of available alternatives.

- Recipients who are Pregnant or Breastfeeding: Pregnant and breastfeeding persons were not included in the clinical trials for the Moderna COVID-19 vaccine. I have discussed the potential risks of COVID-19 infection versus the risk of vaccination with my healthcare provider and have made the informed decision to receive the Moderna COVID-19 vaccine.
- I understand that it is recommended that I remain at the vaccination clinic for fifteen (15) minutes following administration of the vaccine for observation (the "Monitoring Period") to ensure I do not experience an adverse reaction. Recipients that have a history of severe allergic reactions should be monitored for thirty (30) minutes post vaccination.
- I have had the opportunity to ask questions which have been answered to my satisfaction.

If you experience an adverse reaction to the COVID-19 vaccine, please contact your primary care provider or present to the nearest emergency department. If you are experiencing a medical emergency, call 911.

Signature of Recipient/Authorized Representative:	Date:
Print:	
If signed by Authorized Representative, please state relationship to Recipient:	

FOR CLINIC USE ONLY

Vaccine Administrator (Print Name):
Administration Date/Date Fact Sheet Provided:

Manufacturer	Lot Number	Expiration Date	Site of Administration

❒ Monitoring period completed and no adverse reaction noted.

Start of Observation Time: _____

Signature of Observer: _____

End of Observation Time: _____

❒ Data entered to WIR