# MERITUS MEDICAL CENTER
## COVID-19 Vaccine Consent and Information Form

| Patient Name: | | | Date: | |
|---|---|---|---|---|
| Date of Birth: | | Age: | MRN: | |

The U.S. Food and Drug Administration (FDA) has issued emergency use authorization (EUA) for several vaccines to prevent COVID-19, the disease caused by SARS-CoV-2. Regardless of whether a vaccine status is under FDA approval or Emergency Use Authorization, all vaccines undergo the same stringent review process. Like all medications, no vaccine is completely effective and it takes a few weeks after the vaccine for the body to build up protection. Some people may still get COVID-19 despite having a vaccination, but this vaccine may lessen the severity of any infection.

The vaccine cannot give a person COVID-19, and some vaccines require two doses to further reduce the chance of an individual becoming seriously ill or dying. A vaccinated individual will still need to follow CDC guidance to reduce transmission of SARS-CoV-2, such as washing hands frequently, keeping social distance and wearing a face mask when necessary. Like all medications, vaccines can cause side effects. Most of these are mild and short-term, and not everyone gets them.

1. I understand that the FDA has authorized emergency use of COVID-19 vaccines, which are not FDA-approved vaccines.

2. I understand there are three safe and effective vaccines available in the U.S. to combat COVID-19. I have been informed that whether a vaccine is under FDA approval or Emergency Use Authorization, all vaccines undergo the same rigorous evaluation process prior to public use.

3. I understand that consent for this vaccine is voluntary. I have the option to accept or refuse administration of the COVID-19 vaccine.

4. I have been given a copy of the **FDA's Fact Sheet for Recipients and Caregivers**, which includes information on the potential risks of the COVID-19 vaccine and have been given the opportunity to ask questions.

5. I understand that severe reactions are rare and that, if I were to experience a severe reaction, it is most likely to occur within 15 minutes of vaccine administration. It is recommended that I remain on-site at the vaccination site for 15 minutes to ensure clinical aid is nearby, should I experience a reaction.

6. I understand that, if my vaccine requires two doses for optimal efficiency, I will be given a vaccination card with a date to return for my second dose. I understand that it is my responsibility to return for the second dose.

7. I understand that the FDA has authorized and recommended the use of a COVID-19 vaccine booster dose in eligible populations. I understand that I should speak with my physician to discuss whether a booster dose is appropriate for me.

8. I have been informed that the FDA has authorized the available COVID-19 vaccines to be used as a heterologous (meaning "mix or match") booster dose in eligible individuals who completed their primary vaccination with a different COVID-19 vaccine.

I certify that I am of the appropriate age to receive the vaccine being administered to me. I understand that Meritus Medical Center, Inc. and its affiliates (collectively Meritus Health) are administering the vaccine. I hereby give consent to Meritus Health and its agents to administer the COVID-19 vaccine.

I understand that an administration fee may be billed to my insurer, if applicable. I authorize Meritus Health to bill any third-party payers for this service and to release my medical information to such payers for the purposes of obtaining payment. I hereby assign and request payment for services be made directly to Meritus Health.

I understand that Meritus Health may use or disclose my medical information as permitted or required by law, including reporting administration of the vaccine to Maryland's immunization registry. Meritus Health's Notice of Privacy Practices includes further information on how my medical information may be used and is available on Meritus Health's website at https://www.meritushealth.com/patients-visitors/privacy-practices/.

By signing below, I certify that I have read and understand the information above and consent to receive the COVID-19 vaccine. This consent shall remain valid for forty-five (45) days from the date of signature below.

| Vaccine Administered | Pfizer ☐     Moderna ☐     Janssen ☐     Other: |
|---|---|

Printed Patient Name: _____

Patient or Authorized Representative Signature: _____

Date: _____

# Prevaccination Checklist for COVID-19 Vaccination

## For vaccine recipients:

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.

**Name** _____

**Age** _____

| | 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(s) did you receive?

☐ Pfizer-BioNTech  ☐ Moderna  ☐ Janssen *(Johnson & Johnson)*  ☐ Another Product _____

| | Yes | No | Don't know |
|---|:---:|:---:|:---:|
| • How many doses of COVID-19 vaccine have you received? _____ | | | |
| • Did you bring your vaccination record card or other documentation? | ☐ | ☐ | |
| **3.** Do you have a health condition or are you undergoing treatment that makes you moderately or severely immunocompromised? *(This would include treatment for cancer or HIV, receipt of organ transplant, immunosuppressive therapy or high-dose corticosteroids, CAR-T-cell therapy, hematopoietic cell transplant [HCT], DiGeorge syndrome or Wiskott-Aldrich syndrome)* | ☐ | ☐ | ☐ |
| **4.** Have you received hematopoietic cell transplant (HCT) or CAR-T-cell therapies since receiving COVID-19 vaccine? | ☐ | ☐ | ☐ |

**5.** 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 caused hives, swelling, or respiratory distress, including wheezing.)*

| | Yes | No | Don't know |
|---|:---:|:---:|:---:|
| • 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 | ☐ | ☐ | ☐ |
| **6.** 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 caused hives, swelling, or respiratory distress, including wheezing.)* | ☐ | ☐ | ☐ |

**7.** Check all that apply to you:

☐ Am a female between ages 18 and 49 years old

☐ Am a male between ages 12 and 29 years old

☐ Have a history of myocarditis or pericarditis

☐ Have been treated with monoclonal antibodies or convalescent serum to prevent or treat COVID-19

☐ Diagnosed with Multisystem Inflammatory Syndrome (MIS-C or MIS-A) after a COVID-19 infection

☐ Have a bleeding disorder

☐ Take a blood thinner

☐ Have a history of heparin-induced thrombocytopenia (HIT)

☐ Am currently pregnant or breastfeeding

☐ Have received dermal fillers

☐ Have a history of Guillain-Barré Syndrome (GBS)

**Form reviewed by** _____   **Date** _____

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

# COVID -19 Vaccine Fact Sheets and Emergency Use Authorizations

**Additional Information**

If you have questions, visit the website or call the telephone numbers provide below. To access the most recent COVID-19 fact sheets, please scan the OR code provided below.

## Pfizer Vaccine Information Fact Sheet

| Global website | Telephone number |
|---|---|
| www.cvdvaccine.com | 1-877-829-2619 (1-877-VAX-CO19) |

## Moderna Vaccine Emergency Use Authorization

| Moderna COVID-19 Vaccine website | Telephone number |
|---|---|
| www.modernatx.com/covid19vaccine-eua | 1-866-MODERNA (1-866-663-3762) |

## Janssen and Janssen Emergency Use Authorization

| QR Code | Fact Sheets Website | Telephone numbers |
|---|---|---|
| | www.janssencovid19vaccine.com. | US Toll Free: 1-800-565-4008 US Toll: (908) 455-9922 |

A physical copy of each vaccine's fact sheet or emergency use authorization is available per request.

# Get vaccinated.
# Get your smartphone.
# Get started with v-safe.

## v-safe℠
### after vaccination health checker

## What is v-safe?

**V-safe** is a smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins after you receive a COVID-19 vaccination. Through **v-safe**, you can quickly tell CDC if you have any side effects after getting the COVID-19 vaccine. Depending on your answers, someone from CDC may call to check on you. And **v-safe** will remind you to get your second COVID-19 vaccine dose if you need one.

Your participation in CDC's **v-safe** makes a difference—it helps keep COVID-19 vaccines safe.

## How can I participate?

Once you get a COVID-19 vaccine, you can enroll in **v-safe** using your smartphone. Participation is voluntary and you can opt out at any time. You will receive text messages from **v-safe** around 2 p.m. local time. To opt out, simply text "STOP" when **v-safe** sends you a text message. You can also start **v-safe** again by texting "START."

## How long do v-safe check-ins last?

During the first week after you get your vaccine, **v-safe** will send you a text message each day to ask how you are doing. Then you will get check-in messages once a week for up to 5 weeks. The questions **v-safe** asks should take less than 5 minutes to answer. If you need a second dose of vaccine, **v-safe** will provide a new 6-week check-in process so you can share your second-dose vaccine experience as well. You'll also receive check-ins 3, 6, and 12 months after your final dose of vaccine.

## Is my health information safe?

Yes. Your personal information in **v-safe** is protected so that it stays confidential and private.*

Use your smartphone to tell CDC about any side effects after getting the COVID-19 vaccine. You'll also get reminders if you need a second vaccine dose.

**Sign up with your smartphone's browser at**
**vsafe.cdc.gov**

### OR

**Aim your smartphone's camera at this code**

*To the extent **v-safe** uses existing information systems managed by CDC, FDA, and other federal agencies, the systems employ strict security measures appropriate for the data's level of sensitivity.

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# How to register and use v-safe

You will need your smartphone and information about the COVID-19 vaccine you received. This information can be found on your vaccination record card; if you cannot find your card, please contact your healthcare provider.

## Register

1. Go to the *v-safe* website using one of the two options below:

| | | |
|---|---|---|
| **Use your smartphone's browser to go to**<br>**vsafe.cdc.gov** | **OR** | **Aim your smartphone's camera at this code** |
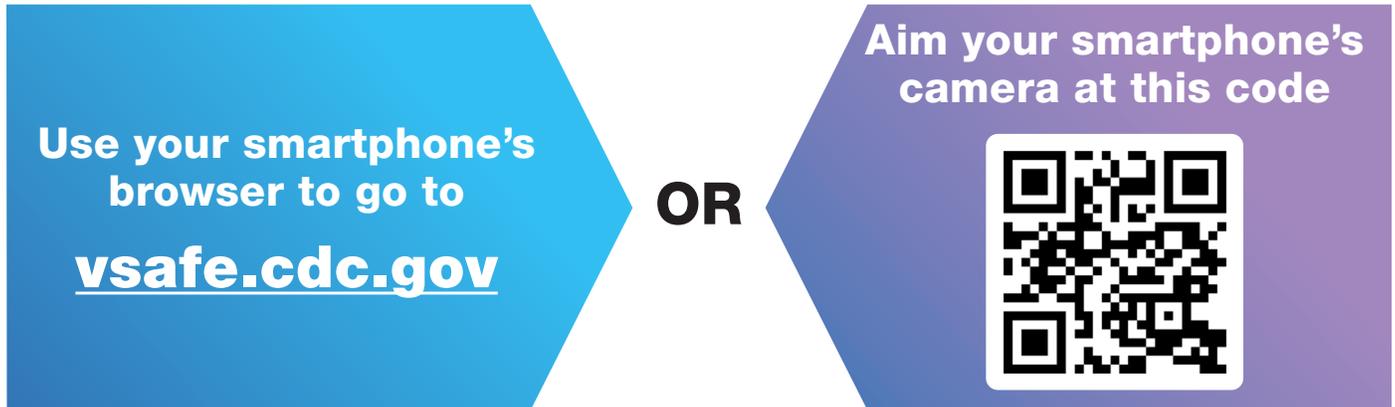
2. Read the instructions. Click **Get Started**.

3. Enter your name, mobile number, and other requested information. Click **Register**.

4. You will receive a text message with a verification code on your smartphone. Enter the code in *v-safe* and click **Verify**.

5. At the top of the screen, click **Enter vaccine information**.

6. Select which COVID-19 vaccine you received (found on your vaccination record card; if you cannot find your card, please contact your healthcare provider). Then enter the date you were vaccinated. Click **Next**.

7. Review your vaccine information. If correct, click **Submit**. If not, click **Go Back**.

8. **Congrats! You're all set!** If you complete your registration before 2 p.m. local time, *v-safe* will start your initial health check-in around 2pm that day. If you register after 2 p.m., *v-safe* will start your initial health check-in immediately after you register—just follow the instructions.

   You will receive a reminder text message from *v-safe* when it's time for the next check-in—around 2 p.m. local time. Just click the link in the text message to start the check-in.

## Complete a v-safe health check-in

1. When you receive a *v-safe* check-in text message on your smartphone, click the link when ready.

2. Follow the instructions to complete the check-in.

## Troubleshooting

**How can I come back and finish a check-in later if I'm interrupted?**

- Click the link in the text message reminder to restart and complete your check-in.

**How do I update my vaccine information after my second COVID-19 vaccine dose?**

- *V-safe* will automatically ask you to update your second dose information. Just follow the instructions.

**Need help with *v-safe*?**
Call 800-CDC-INFO (800-232-4636)
TTY 888-232-6348
Open 24 hours, 7 days a week
Visit www.cdc.gov/vsafe