



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	<input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Other:
-----------------------------	--

Printed Patient Name:

Patient or Authorized Representative Signature:

Date:

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 QR 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.

What is v-safe?

V-safe provides personalized and confidential health check-ins via text messages and web surveys so you can quickly and easily share with CDC how you or your dependent feel after getting a COVID-19 vaccine. It takes just a few minutes to enroll and your participation in **v-safe** helps us monitor the safety of COVID-19 vaccines for everyone.

V-safe features:

- **Enroll your dependents** and complete check-ins on their behalf
- **Enter** and report how you feel after **first, second, additional, and booster doses**

How can I enroll and how does it work?

You can enroll in **v-safe** after any dose of COVID-19 vaccine by using your smartphone and going to vsafe.cdc.gov.

During the first week after each vaccination, **v-safe** will send you a text message each day to ask how you are feeling. After that, you will receive occasional check-ins, which you can opt out of at any time. Depending on your answers, someone from CDC may call to get more information. Your personal information in **v-safe** is protected so it's safe and private*.

How can I enroll my dependent?

You can enroll any family member (or friend) who is eligible to be vaccinated in **v-safe**. Children under 16 years old must be enrolled using a parent or guardian's **v-safe** account. You can add a dependent to your existing account or create a new account if you don't have one yet. Creating an account to enroll a dependent does not require that you enter your own vaccination information or complete health check-ins for yourself.

Need step-by-step instructions? Go to: www.cdc.gov/vsafe



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

Share with your friends and CDC that you are using v-safe! Post a selfie and use the hashtag #BeSafeVSafe



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

***v-safe** uses existing information systems managed by CDC, FDA, and other federal agencies. These systems use strict security measures to keep information confidential. These measures comply, where applicable, with the following federal laws, including the Privacy Act of 1974; standards enacted that are consistent with the Health Insurance Portability and Accountability Act of 1996 (HIPAA); the Federal Information Security Management Act, and the Freedom of Information Act.

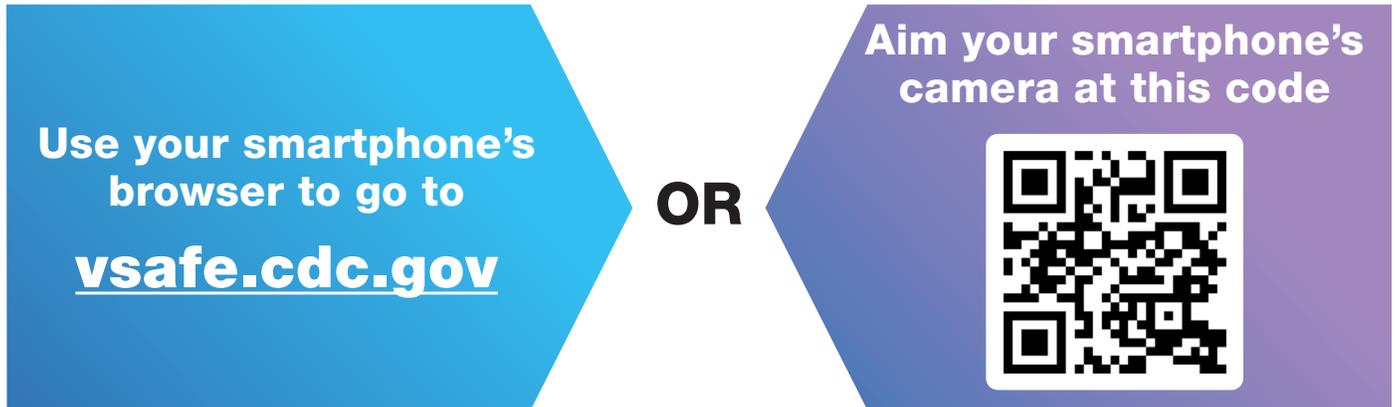


How to register and use v-safe

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:



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

