

COVID-19 VACCINE INFORMED CONSENT - RESIDENT/CLIENT

COVID-19 is the disease/illness that is caused by the introduction of the SARS-CoV-2 coronavirus into the human body. This virus spreads very easily from person to person, mainly through respiratory droplets produced when an infected person talks, sings, coughs or sneezes. These very small droplets can land in the mouths, noses and/or eyes of persons standing close by as well as within 6-12 feet of the infected person. It can also be transmitted by touching a contaminated surface then touching your face, eyes, nose, ears or mouth.

CLINICAL SYMPTOMS

The major symptoms of COVID-19 illness are fever, dry cough, trouble breathing, shortness of breath, congestion, new loss of taste or smell, chest pain, sore throat, runny nose, general body and muscle aches, headache, repeated shaking with chills and confusion. You can also experience flu-like symptoms such as vomiting, nausea and diarrhea. The incubation period is generally 2-14 days but can be as long as 21 days after exposure to the virus or someone who is sick. Usually, symptoms appear within 5 to 11 days. A person does not have to be sick or have symptoms to transmit the virus to other people.

POPULATIONS THAT SHOULD RECEIVE THE COVID-19 VACCINE

Currently, two (2) doses of the COVID-19 vaccine is recommended for persons 16 (Pfizer-BioNTech) to 18 (Moderna) years of age and older. The vaccine is strongly recommended for healthcare workers, essential workers, residents in LTC and other senior congregate living communities, persons 65 years of age and older as well as persons with serious underlying medical conditions such as diabetes, heart disease, chronic lung disease, asthma, chronic kidney and/or liver disease, severe obesity, immune deficiencies/immunocompromised, bone marrow or organ transplant recipients, persons undergoing cancer treatment and smokers. The Pfizer-BioNTech vaccine is given in 2 doses, three weeks (21 days) apart. The Moderna vaccine is given in 2 doses, one month (28 days) apart. At the present time, only these two (2) vaccines are approved for use in the United States. **The 2nd dose of the vaccine must be the same as the 1st dose of the vaccine administered.**

WHO SHOULD NOT RECEIVE THE COVID-19 VACCINE OR SHOULD WAIT

It is not currently recommended for these individuals to get the COVID-19 vaccine:

- Current fever or currently ill.
- Children and adolescents under the age of 16-18.
- Pregnant, those planning to become pregnant or lactating females should seek the advice of their physician before receiving the vaccine.
- Severe allergic reaction (e.g., anaphylaxis) after a previous dose of a COVID-19 vaccine or any of its components.
- Severe allergic reaction to any ingredient of this vaccine.

If in doubt or you have questions, please consult your physician.

CLINICAL SIDE EFFECTS OF COVID-19 VACCINE

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. However, the risk of a vaccine causing serious harm or death is extremely small. No serious problems have been identified with this COVID-19 vaccine to date.

Some mild problems include:

- Pain, redness, tenderness or swelling at the site of the injection or the lymph nodes on the arm where the vaccine was injected.
- Fever, fatigue, headache, nausea, joint pain, muscle aches and chills.

These symptoms occur within the first three (3) days of vaccination and resolve within 1-3 days of onset. These symptoms are more frequent and could be more intense following the second dose and among younger persons compared to older persons. **It is important that the person receives both doses of the vaccine even if they develop local or systemic symptoms following the first dose to optimize protection against COVID-19 illness.**

The person receiving the vaccine will be observed for 15 to 30 minutes following the injection to monitor for potential severe reaction(s).

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VACCINE INFORMATION (FACT SHEETS) PROVIDED TO RESIDENT/CLIENT

- Pfizer-BioNTech Vaccine: Fact Sheet Available at:** <https://www.fda.gov/media/144414/download>

I have received the information regarding COVID-19 infections and I have been educated on the benefits and risks associated with the Pfizer-BioNTech COVID-19 vaccine. I hereby give permission and request that this vaccine be administered to me or the person named for whom I am authorized to sign.

Resident or Client/Legal Representative Signature

Date Signed

Witness Signature/Title

Date Signed

- Moderna Vaccine: Fact Sheet Available at:**
<https://www.modernatx.com/covid19vaccine-eua/eua-fact-sheet-recipients.pdf>

I have received the information regarding COVID-19 infections and I have been educated on the benefits and risks associated with the Moderna COVID-19 vaccine. I hereby give permission and request that this vaccine be administered to me or the person named for whom I am authorized to sign.

Resident or Client/Legal Representative Signature

Date Signed

Witness Signature/Title

Date Signed

- I have received the information regarding COVID-19 infections and have been educated on the benefits and risks associated with these vaccines. I hereby **DECLINE** to receive either vaccine for the following reason(s):

A. Medical Contraindication(s): Check all that apply
(Physician needs to be informed of medical condition)

- Previous Hx of severe reaction to this vaccine
 Febrile illness at this time (Temp 101.5° F or 38.6° C)
 Other medical reasons (specify) _____

B. Personal Reason(s): Check all that apply
(Physician needs to be informed of medical condition)

- Perceived vaccine ineffectiveness
 Fear of needles/injections
 Fear of side effects
 Other personal reason(s) (specify) _____

Resident or Client/Legal Representative Signature

Date Signed

Witness Signature/Title

Date Signed