

COVID-19 VACCINE INFORMED CONSENT (GENERAL)

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

CDC recommends the 2023-2024 updated COVID-19 vaccine for persons 6 months 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. Everyone 5 years and older should receive 1 updated COVID-19 vaccine at least 2 months after getting the last dose of any COVID-19 vaccine. People who are moderately or severely immunocompromised may get additional doses of the updated COVID-19 vaccine. Children 6 months to 4 years should receive 2 or 3 doses of the updated COVID-19 vaccine, depending on which vaccine they receive.

WHO SHOULD NOT GET THE COVID-19 VACCINE

- Individuals below the recommended age for any of the vaccines.
- The COVID-19 vaccine should not be provided to individuals that have had a severe allergic reaction to any ingredient of that vaccine. Review the specific vaccine information Fact Sheets.

WHO SHOULD WAIT TO RECEIVE THE VACCINE OR SHOULD CONSULT A PHYSICIAN

It is currently recommended that individuals wait or consult with a physician before receiving the COVID-19 vaccine under these circumstances. If in doubt or you have questions, please consult your physician.

- Current fever or currently ill
- Have had an orthopox virus vaccination in the past 4 weeks
- Pregnant or plan to become pregnant
- Breastfeeding/lactating
- Bleeding disorder or on a blood thinner
- Immunocompromised or are on a medicine that affects the immune system (i.e., steroid)

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 the COVID-19 vaccines 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.

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 AND REVIEWED

- Pfizer-BioNTech Vaccine: Fact Sheet Available at:**
<https://www.fda.gov/media/167212/download?attachment>
- Moderna Vaccine: Fact Sheet Available at:**
<https://www.fda.gov/media/167209/download?attachment>

VACCINE ACCEPTANCE

- I have received the information regarding COVID-19 infection and I have been educated on the benefits and risks associated with the selected 2023-2024 formula 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.

Patient/Parent/Guardian/Legal Representative Signature

Date Signed

Witness Signature/Title

Date Signed

REASON FOR VACCINE DECLINE (Medical or Personal Reasons)

- 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 any COVID-19 vaccine for the following reason(s):

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

- Previous Hx of severe reaction to this vaccine
 Febrile illness at this time (Temp 101.5° F or 38.6° C)
 Other personal reason(s), specify: _____

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

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

Patient/Parent/Guardian/Legal Representative Signature

Date Signed

Witness Signature/Title

Date Signed