COVID-19 mRNA Vaccine Consent Form

THE UNIVERSITY OF TENNESSEE KNOXVILLE

Last Name: _____ First Name: _____ Middle Initial: ___

	The following questions will help determine if there is any reason you should not receive a COVID immunization injection. *If a question is not clear, please ask a healthcare provider to explain.* **Questions should be answered for the person to be vaccinated.**		
1.	Ever received a COVID-19 vaccine?..... Date: _____ Manufacturer: ___ Moderna ___ Pfizer	☐ Yes	☐ No
2.	History of any immediate allergic reaction, of any severity, after a previous dose of mRNA COVID-19 vaccine or any of its components (including polyethylene glycol [PEG]) or polysorbate? *See page 2 for vaccine ingredients.* **[refer to CDC CS321629E pages 3-6, 1/5/21]** **Cause/Reaction**:	☐ Yes	☐ No
3.	History of immediate allergic reaction of any severity to any substance? **Cause/Reaction**:_____ **[If Yes, observe for 30 minutes, refer to CDC CS321629E pages 3-6, 1/5/21]**	☐ Yes	☐ No
4.	**SICK** today, including symptomatic or asymptomatic infection with COVID-19?	☐ Yes	☐ No
5.	Received **any vaccine** in the past 14 days?	☐ Yes	☐ No
6.	Received passive antibody therapy for COVID-19 in the past 90 days?	☐ Yes	☐ No
7.	Have a weakened immune system caused by something such as HIV infection or cancer or take immunosuppressive drugs or therapies?'	☐ Yes	☐ No
8.	Have a bleeding disorder or take a blood thinner?	☐ Yes	☐ No
9.	Pregnant or breastfeeding?	☐ Yes	☐ No
10.	Age of patient:		

Request for Administration of COVID-19 Vaccine for the above-named recipient: I acknowledge that I have received the Vaccine Information Statement or Emergency Use Authorization Information Sheet and the UTK Student Health Center's notice of Privacy Practices. I have had an opportunity to ask questions regarding the vaccine and understand the risks and benefits. I request and voluntarily consent that the vaccine be given to myself or the person above of whom I am parent or legal guardian and acknowledge that no guarantees have been made concerning the vaccine's success. I am aware that, to provide protection against the virus that causes COVID-19, two doses of this same vaccine may be required. I acknowledge that I may receive a reminder for a second dose by text (if cell phone number provided, standard messaging rates may apply), phone call, or mail.

I hereby release the UTK Student Health Center, their affiliates, employees, directors, and officers from any and all liability arising from any accident, act of omission or commission, which arises during vaccination. ***This consent is valid for 12 months from date signed.***

PATIENT/PARENT OR GUARDIAN/POWER OF ATTORNEY SIGNATURE: _____ DATE: _____

==========INFORMATION BELOW THIS LINE MUST BE TYPED==========

Interpreter: ☐ Yes | ☐ No |
Hispanic: ☐ Yes | ☐ No |

Cell Phone: _____
Alt. Phone: _____

LAST Name (legal): _____ **Middle Initial:** _____
First Name (legal): _____ **Sex:** Male ☐ Female ☐

DOB:_____ **Race:** ☐ Asian | ☐ Black | ☐ White | ☐ American Indian | ☐ Pacific Islander | ☐ Other

Street Address:_____ **Email:**_____

City: _____ **Zip Code**:_____ Revised 2/1/2021

******* DO NOT MARK******************* THESE BOXES ARE FOR OFFICIAL USE ONLY ******************* DO NOT MARK *******

Med Review/Counseled: Vaccine spacing☐ Pregnancy☐ Breastfeeding☐ Weakened immunity☐ Blood disorder☐

Data Processing Status: Registration☐ Encounter☐ Vaccine☐ Scan☐

Dose 1- Official Use Only

Mfr: _____ Dose: _____

LOT: _____ EXP: _____/_____/_____

Site: (Circle one) Left Deltoid Right Deltoid Other Route: IM

Date Given: _____/_____/_____ EUA Date: ___/_____/_____

Signature: _____ Provider ID: _____

Dose 2- Official Use Only

Mfr: _____ Dose: _____

LOT: _____ EXP: _____/_____/_____

Site: (Circle one) Left Deltoid Right Deltoid Other Route: IM

Date Given: _____/_____/_____ EUA Date: ___/_____/_____

Signature: _____ Provider ID: _____

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COVID-19 mRNA Vaccine Consent (Continued)

Each dose of the Moderna COVID-19 Vaccine contains the following ingredients:

- messenger ribonucleic acid (mRNA)
- lipids:
  - SM-102
  - polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG]
  - cholesterol
  - 1,2-distearoyl-sn-glycero-3-phosphocholine [DSPC])
- tromethamine
- tromethamine hydrochloride
- acetic acid
- sodium acetate
- sucrose