

PRINTED LEGAL NAME _____ DOB _____ GENDER _____

ADDRESS: _____ PHONE NUMBER: _____

EMERGENCY CONTACT: _____ PHONE NUMBER _____

INFORMATION

I understand the following treatment is planned for me: Vaccination with Pfizer-BioNTech COVID-19 Vaccine or Moderna COVID-19 Vaccine. The **Pfizer-BioNTech** COVID-19 Vaccine is made from a nucleoside-modified messenger RNA (modRNA) encoding the viral spike glycoprotein (S) of SARS-CoV-2. Each 0.3 ml intramuscular dose of the 2020-2021 Pfizer-BioNTech COVID-19 Vaccine contains the following ingredients: mRNA lipids ((4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2hexyldecanoate), 2-[(polyethylene glycol)-2000]-N,N-ditetradecylacetamide, 1,2-distearoyl-snglycero-3-phosphocholine, and cholesterol), potassium chloride, monobasic potassium phosphate, sodium chloride, dibasic sodium phosphate dihydrate, and sucrose. The **Moderna** COVID-19 Vaccine contains the following ingredients: messenger ribonucleic acid (mRNA), lipids (SM-102, polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG], cholesterol, and 1,2-distearoyl-sn-glycero-3-phosphocholine [DSPC]), tromethamine, tromethamine hydrochloride, acetic acid, sodium acetate, and sucrose. A single dose of the vaccine will be obtained from a multi dose vial.

RISKS AND BENEFITS

Just as there are many risks and hazards in not taking the vaccine, I understand there are also risks and hazards related to this vaccine. I understand that no warranty or guarantee has been made to me. A vaccine, like any medicine, could possibly cause serious problems such as severe allergic reactions. Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the shot. If any side effects occur, they usually begin soon after the shot and last for 1-2 days. The most common side effects of the COVID-19 Vaccines are:

- ◆ Injection site reactions (pain, redness, swelling)
- ◆ Fatigue
- ◆ Fever
- ◆ Headache
- ◆ Muscle Pain
- ◆ Chills
- ◆ Joint Pain
- ◆ Lymphadenopathy
- ◆ Nausea
- ◆ Malaise

Please let us know if you have any of the following:

- ___ Yes ___ No I had an allergic reaction when I received the first dose of the vaccine.
- ___ Yes ___ No I have had a serious allergic reaction (anaphylaxis) to any component of the vaccines as listed above or polysorbate.
- ___ Yes ___ No I have had a serious allergic reaction (anaphylaxis) to any vaccine or other injectable medication or food.

Please identify which Phase Category you are in(choose only one)

- 1A Highest Risk health care workers with direct contact with COVID patients, LTC staff/resident
- 1B.1 Individuals age 70+, moderate risk health care workers, first responders, frontline essential workers and funeral service workers.
- 1B.2 Individuals age 65-69, educators Pre-K-12, childcare workers in licensed programs and continuity of state government.
- 1B.3 People aged 60 and older, Individuals aged 16-59 with two or more underlying health conditions, essential workers in agriculture, grocery workers and other governmental workers, individuals
- 1B.4 People aged 50 to 59, other essential workers, faith leaders, journalists, adults who received the placebo in a clinical trial and people aged 16-49 with one high risk condition.
- 2 General Public age 16 to 64(Pfizer) 18 to 64 (Moderna)

I, the undersigned, hereby release Upper San Juan Health Services District employees, agents, affiliates, and independent contractors from any and all liability arising from or in any way connected with receiving the COVID-19 Vaccine. I understand that information about my receiving this vaccine will be provided to the Colorado Immunization Information System (CIIS). I understand that I may be vaccinated in a group and that I may be required to wait in a public setting. I have been given the relevant Fact Sheet for Recipients and Caregivers and the Should I get the COVID 19 vaccine questionnaire. I have read it or had it read to me and have had the opportunity to ask questions. **I request the 2020-2021 COVID 19 vaccine be given to me.**

SIGNATURE _____ **DATE** _____

FOR STAFF USE ONLY:

Injection Site: IM, (check one) <input type="checkbox"/> Right Deltoid <input type="checkbox"/> Left Deltoid	Manufacturer/Brand/Dose (check one): <input type="checkbox"/> Pfizer/BioNTech 1 st dose _____ 2 nd dose _____ <input type="checkbox"/> Moderna 1 st dose _____ 2 nd dose _____ Lot #: _____ Expiration Date: _____				
Place sticker here	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">SIGNATURE AND TITLE OF VACCINE ADMINISTRATOR:</td> <td style="width: 40%; padding: 5px;">Date of Injection:</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </table>	SIGNATURE AND TITLE OF VACCINE ADMINISTRATOR:	Date of Injection:		
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