

COVID-19 Vaccination Form - Statement of Understanding, Permission & Assignment

Harnett County Department of Public Health

Last Name _____ First Name _____

Date of Birth: _____

Circle your Race: White Black American Indian/Alaskan Native Asian/Pacific Islander Other

Circle your ethnicity: Hispanic Non Hispanic

Circle your Sex: Female Male

County of Residence: _____

Street Address: _____

City _____ State _____ Zip Code _____

Home Phone # _____ Cell Phone # _____

Email Address if you have one: _____

Are you a frontline worker? (e.g. healthcare worker, police, food processing, etc)? Yes No

Place of employment: _____ Job Title: _____

Do you live in or work at a long term care facility? Yes No

Are you part of a state or federal recognized tribal nation? Yes No If yes, which tribe _____

How many conditions known to increase risk of severe illness from COVID-19 do you have? (Conditions include moderate to severe asthma, cancer, cerebrovascular disease, chronic kidney disease, COPD, cystic fibrosis, heart conditions, high blood pressure, immunocompromised, liver disease, neurologic conditions, overweight or obesity, severe obesity, pregnancy, pulmonary fibrosis, sickle cell disease, smoking, thalassemia, diabetes)

None One Two or more

Statement of Understanding: I have read and I understand the information provided to me about receiving the COVID-19 vaccine and I have had the opportunity to ask questions. I understand that the U.S. Food and Drug Administration (FDA) has issued an Emergency Use Authorization (EUA) to permit the emergency use of the unapproved product, Moderna COVID-19 Vaccine, for active immunization to prevent COVID-19 in individuals 18 years of age and older. The following questions will help us determine if there are any reasons you should not receive the vaccine today. Please answer all questions truthfully.

Statement of Permission & Assignment: By signing below, I voluntarily give my permission to receive the Moderna COVID-19 Vaccine. I understand no payments will be required from myself in regards to COVID-19 vaccination.

Notice of Privacy Practices: By signing below, I am acknowledging that:

- I am either the patient or the patient's personal representative

- The Notice of Privacy Practices for Harnett County Health Department has been made available to me
- I understand that I may contact the person named in the notice if I have questions about the content of the notice.

1. Are you feeling sick today? Yes No

2. Have you ever received a dose of COVID-19 Vaccine? If so list date/brand: _____ Yes No

3. Have you had a serious allergic reaction to any components of the Moderna COVID-19 Vaccine or polysorbate? (Each dose of the Moderna COVID-19 vaccine contains the following ingredients: a total lipid content of 1.93 mg (SM-102, polyethylene glycol (PEG) 2000(found in some medications such as laxatives and preparations for colonoscopy procedure), dimyristoyl glycerol (DMG), cholesterol, and 1, 2-distearoyl-sn-glycero-3-phosphocholine (DSPC), 0.31 mg tromethamine, 1.18 mg tromethamine hydrochloride, 0.043 mg acetic acid, 0.12 mg sodium acetate, and 43.5 mg sucrose) Yes No

4. Have you ever had a severe allergic reaction (anaphylaxis) to something? Yes No

5. Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19? Yes No

6. Have you received another vaccine in the last 14 days? Yes No

7. Have you had a positive test for COVID-19? Yes No

If yes, when _____

8. Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies? Yes No

9. Do you have a bleeding disorder or are you taking a blood thinner? Yes No

10. Are you pregnant or breastfeeding? Yes No

X _____

X _____

Signature

Date

DO NOT WRITE BELOW THIS LINE

For Office Use Only:

Moderna COVID-19 Vaccine Lot Number: _____

Injection Site: Right Deltoid Left Deltoid First Dose Second Dose

Patient Given COVID-19 Vaccination card, Moderna EUA and V-Safe Information: Yes No

Administered by: _____ Date: _____ Time: _____

Printed Name: _____

Registered Yes No

Administration Entered Yes No