

# MODERNA COVID-19 VACCINE CONSENT FORM

Last Name		First Name	Middle Name
Date of Birth Month      Day      Year		Age in Years	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Caucasion <input type="checkbox"/> Other		Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown	
Address			
City		State	Zip Code
Cell Phone Number			

## VACCINE SCREENING QUESTIONS

(See back for more details.)

1. Are you at least 18 years of age?	YES    NO	5. Do you have a severely immunocompromising condition?	YES    NO
2. Do you have a fever (>100F), infection or current illness today?	YES    NO	6. Do you have a bleeding disorder or are you taking a blood thinner?	YES    NO
3. Have you ever had a significant allergic reaction to a vaccine or other injection?	YES    NO	7. Do you have an allergy to the component of the vaccine?	YES    NO
4. Are you pregnant, plan to be pregnant or currently breastfeeding?	YES    NO	8. Have you received another vaccine in the last 14 days?	YES    NO

## CONSENT

I, the undersigned, give my consent for the services that I am requesting from OSU Medicine. I acknowledge that I received the vaccine manufacturer Moderna COVID-19 Vaccine Fact Sheet for Recipients and Caregivers prior to receiving the vaccine and have had the opportunity to ask questions.

I understand the benefits and risks of the vaccine and request it be administered to me or the person for whom I am authorized to make consent.

Patient/Parent or Guardian Signature: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Date: \_\_\_\_\_

## WHO SHOULD NOT GET THE MODERNA COVID-19 VACCINE?

You should **NOT** get the Moderna COVID-19 vaccine if you:

- had a severe allergic reaction after a previous dose of this vaccine
- had a severe allergic reaction to any ingredient of this vaccine

## WHAT IF I AM BELOW 18 YEARS OLD?

In clinical trials, 15,400 individuals ages 18 and over received at least one dose of the Moderna COVID-19 vaccine. Because the vaccine has not been studied in those under 18 years old, the CDC and FDA do not currently recommend anyone below 18 receiving the vaccine.

## WHAT ARE THE INGREDIENTS IN THE MODERNA COVID-19 VACCINE?

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.

If you answered “yes” to any of the Vaccine Screening Questions, you should speak with your health care provider before getting the Moderna COVID-19 vaccine. This includes if you:

- have any allergies
- have a fever
- have a bleeding disorder or are on a blood thinner
- are immunocompromised or are on a medicine that affects your immune system
- are pregnant or plan to become pregnant
- are breastfeeding
- have received another COVID-19 vaccine