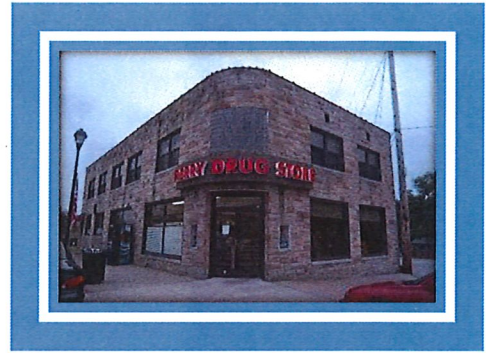


Janssen

PERRY

DRUG STORE



AUTHORIZATION FOR COVID-19 VACCINE ADMINISTRATION 2021

RISKS AND POSSIBLE SIDE EFFECTS: Injection site pain, swelling or redness, tiredness, headache, muscle pain, chills, joint pain, fever, nausea, feeling sick, swollen lymph nodes, severe allergic reactions

PLEASE ANSWER THE FOLLOWING QUESTIONS

Circle One

- | | | |
|--|-----|----|
| 1. Have you had a severe allergic reaction after a previous dose of vaccine? | Yes | No |
| 2. Have you had a severe allergic reaction to any ingredient of this vaccine? | Yes | No |
| 3. Do you currently have an elevated temperature, acute respiratory or other active illness or infection | Yes | No |
| 4. Have you ever had a severe allergic reaction to the flu vaccine? | Yes | No |
| 5. Do you have a bleeding disorder or are you on a blood thinner? | Yes | No |
| 6. Are you pregnant or plan to become pregnant? | Yes | No |
| 7. Are you breast feeding? | Yes | No |
| 8. Are you immunocompromised or on a medicine that affects your immune system? | Yes | No |

I have read and received the Fact Sheet for Recipients regarding the Emergency Use Authorization (EUA) of the Janssen COVID-19 Vaccine to prevent Coronavirus Disease (COVID-19). I have had the opportunity to ask questions to my satisfaction prior to consent. I have also read the above consent. I understand the benefits and risks of COVID-19 vaccination and request/authorize the administration of the Vaccine.

Print Name _____ Signature/Date _____
 Address _____ ZIP Code _____

Phone Number _____

Date of Birth _____ Gender _____ Dose #1 _____ Booster _____

_____ Janssen 204B21A 12/11/21 0.5ml/IM
 Date of Vaccination Manufacturer/ Lot number/ Expiration Dose

_____ Fact Sheet for recipients given: 12/2020

Site: IM RD LD
 Administered by: _____

PLEASE ATTACH A COPY OF ALL INSURANCE CARDS