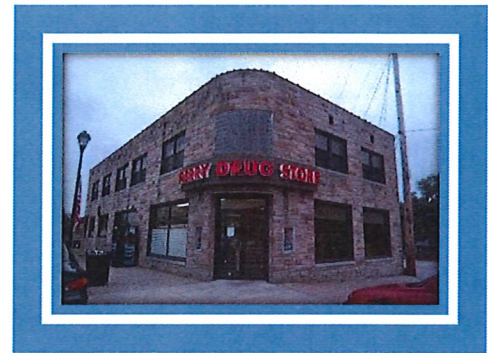


# MODERNA

## 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 Moderna 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 \_\_\_\_\_ Dose #2 \_\_\_\_\_ Dose #3 \_\_\_\_\_

_____	Moderna	047C21A	N/A	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