

**CONSENT FOR COVID-19 VACCINATION**

| <b>Screening Questionnaire for COVID-19 Immunization</b>   |                              |                             |
|--|------------------------------|-----------------------------|
| Are you sick today?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever received a dose of COVID-19 Vaccine?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>If yes to above:</b> Have you received a full primary series (1st and 2nd dose)?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever had a severe allergic reaction (e.g. Anaphylaxis) to something? For example, a reaction for which you were treated with epinephrine or EpiPen or for which you had to go to the hospital?. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>If yes to above:</b> Was the severe allergic reaction after receiving a COVID-19 vaccine?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>If yes to above:</b> Was the severe allergic reaction after receiving another vaccine or another injective medication?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a bleeding disorder or are you taking a blood thinner?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you tested positive for COVID-19 in the past 10 days or been exposed to COVID-19 in the past 14 days?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you received monoclonal antibodies (e.g., Regeneron) or convalescent plasma as part of COVID-19 treatment in the past 90 days?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you had any vaccine in the past 14 days or plan to be vaccinated with another vaccine in the next 14 days?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you pregnant or breastfeeding OR have a weakened immune system (HIV, cancer, immune system problems, or on medications that weaken immune system)?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a severe allergy to any ingredient included the vaccine (complete list shown below)?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| <b>Ingredients Included in Moderna COVID-19 Vaccine</b>  |
|--|
| Nucleoside-modified mRNA encoding the viral spike (S) glycoprotein of SARS-CoV-2; PEG2000-DMG: 1,2-dimyristoyl-rac-glycerol, methoxypolyethylene glycol; 1,2-distearoyl-sn-glycero-3-phosphocholine; BotaniChol® (non-animal origin cholesterol); SM-102: heptadecane-9-yl 8-((2-hydroxyethyl) (6-oxo-6-(undecyloxy) hexyl) amino) octanoate; Sodium acetate; Sucrose; Tromethamine; Tromethamine hydrochloride; Acetic acid |

**I give consent to Lake Forest Acute Care and it's staff to administer the COVID-19 vaccine to me.**

**To be completed by parent/legal guardian if patient is under the age of 18**

**Printed Name:** \_\_\_\_\_

**Signature :** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

OFFICE USE ONLY

Administered by: \_\_\_\_\_ Signature: \_\_\_\_\_

Vaccine name/formula/ brand:

\_\_\_\_\_

NDC: \_\_\_\_\_

LOT: \_\_\_\_\_

Spikevax 2023-2024 formula, COVID-19 Vaccine, mRNA, Moderna

NDC: 80777-102-95

LOT: 8057965

EXP:03/2024