



COVID-19 VACCINE CONSENT FORM FOR THE PFIZER VACCINE

Name: _____ Date of Birth: _____ Age: _____

SSN: _____ Race: _____ Gender: _____

Cell Number: _____ Employer: _____

Address: _____
(Street Address) (City) (State) (Zip) (County)

The Pfizer-BioNTech COVID-19 Vaccine made by Pfizer (the Pfizer Vaccine) has been authorized by the Federal Drug Administration (FDA) under an Emergency Use Authorization (EUA). The FDA may issue an EUA based on a declaration by the Secretary of the Department of Health and Human Services (HHS) that circumstances justify the emergency use of drugs and biological products during the COVID-19 pandemic if certain criteria are met. Those criteria include that there are no adequate FDA approved alternatives available. There is currently not enough scientific evidence available for the FDA to fully approve this or any other COVID-19 vaccine. The FDA decision to issue an EUA is based on the totality of the scientific evidence available showing that the Pfizer Vaccine may be effective to prevent COVID-19 and that the know and potential benefits of the Pfizer Vaccine outweigh the known and potential risks.

Coosa Valley Medical Center is authorized to offer the Pfizer Vaccine to healthcare workers based on guidance from the Centers for Disease Control and the Alabama Department of Public Health. The Pfizer Vaccine will be provided at no charge. Coosa Valley Medical Center is not requiring anyone to take the vaccine at this time. The Pfizer Vaccine requires two (2) doses, given three weeks apart, to be effective.

Pfizer Vaccine side effects that have been reported in clinical trials include, but are not limited to: injection site pain • tiredness • headache • muscle pain • chills • joint pain • fever • injection site swelling • injection site redness • nausea • felling unwell • swollen lymph nodes (lymphadenopathy). These symptoms are not severe in the majority of cases, and usually resolve within 24 hours. Certain severe allergic reactions have been reported outside of clinical trials; if you develop symptoms of an allergic reaction following vaccination (such as trouble breathing, chest pain or fast heartbeat, dizziness, weakness, swelling of the face, throat, or tongue, or a rash all over your body), **call 911 or go to the nearest Hospital Emergency Department.**

Please respond to the following questions to determine eligibility for vaccination.

Questions	Yes	No
1. Are you sick today?		
2. Have you received any vaccinations in the past two weeks and/or have you received any other COVID-19 vaccine at any time?		
3. Have you been diagnosed with COVID-19 infection in the last 90 days?		
4. Have you ever had an allergic reaction to any of the components of the Pfizer COVID-19 vaccine? (In addition to the messenger RNA, the ingredients are: 4 different lipids (fats) ((4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate), 2 [(polyethylene glycol)-2000]-N,N-ditetradecylacetamide, 1,2-distearoyl-sn-glycero-3-phosphocholine, and cholesterol); potassium chloride; monobasic potassium phosphate; sodium chloride; dibasic sodium phosphate dehydrate; and sucrose)		
5. Have you ever had an anaphylactic reaction (e.g. trouble breathing, broke out in hives, had facial or tongue swelling, had low blood pressure), or had other severe symptoms after receiving another vaccination or an injectable medication (a shot given intravenously, intramuscularly, or subcutaneously)?		
6. Do you have a history of an anaphylactic reaction to anything other than a vaccine or injectable medication (such as a reaction to food, insect stings, or oral medication)?		

7. Do you have a bleeding disorder or do you take a blood thinner?		
8. Do you have a history of a weakened immune system?		
9. Is it possible that you are or may become pregnant in the next four weeks, or are you currently breastfeeding?		

If you answered “Yes” to any of the questions 1 to 4, you should not have the Pfizer Vaccine today:

- If you are sick, we recommend you delay vaccination until your symptoms have resolved. If you are diagnosed with COVID- 19 you should delay the vaccination for 90 days after diagnosis.
- If you have received other vaccinations recently for something other than COVID-19, it is recommended that you wait 2 weeks following that vaccine(s) prior to receiving the Pfizer Vaccine.
- If you have received a different COVID-19 vaccine, you should not receive the Pfizer Vaccine as there is no data on safety or efficacy of combining vaccines from different manufacturers. If you were vaccinated as part of a clinical trial, you should contact the research team with any questions or concerns about receiving Pfizer Vaccine.
- If you have been diagnosed with COVID-19 at any time within the past 90 days, we recommend waiting 90 days from your diagnosis before getting the Pfizer Vaccine.
- If you have a history of anaphylaxis to any of the ingredients in the Pfizer Vaccine, you should not receive the Pfizer Vaccine at any time, based on current guidance.

If you answered “Yes” to question 5, 6, or 7, notify the staff before receiving the Pfizer Vaccine. If you have a history of anaphylaxis to something other than the Pfizer Vaccine ingredients, we will increase your monitoring time after vaccination to make sure there is no evidence of an anaphylactic reaction. If you have a history of a bleeding disorder or take blood thinner, we will monitor for bleeding at the injection site.

If you answered “Yes” to question 8 or 9, you can choose to have the Pfizer Vaccine today with the understanding that there is not yet good data on safety and efficacy of the Pfizer Vaccine in these groups.

If you are ready to receive the Pfizer Vaccine, please read the statement below and sign and print your name to indicate your consent.

CONSENT FOR PFIZER VACCINE – Complete if requesting vaccination.

I verify that I have been provided with and have read (or had read to me) (1) the Emergency Use Authorization Fact Sheet for the COVID-19 Pfizer Vaccine; (2) this COVID-19 Vaccine Consent Form for the Pfizer Vaccine; and (3) any additional information provided to me concerning COVID-19 vaccination. I acknowledge that I have had a chance to ask questions of a medical professional about the Pfizer Vaccine. I understand that the Pfizer Vaccine will be given in two separate doses, three weeks apart. I understand the known risks and the potential benefits of receiving the Pfizer Vaccine, and I understand there may be risks to the Pfizer Vaccine that are not known at this time. I understand that the FDA has authorized use of the Pfizer Vaccine under an Emergency Use Authorization (EUA) and that there is currently not enough scientific evidence available for the FDA to fully approve this or any other COVID-19 vaccine. I nonetheless request and consent to the Pfizer Vaccine being given to me.

I understand it is recommended that I remain on site for at least 15 minutes after receiving the Pfizer Vaccine and that, depending on the recommendations of medical professionals, I may be asked to remain on site longer for monitoring.

Signature: _____ Printed Name: _____

Manufacturer: Pfizer

Dose 1 Deltoid (R) or (L) Administered by: _____ Date: _____

Lot #: _____ Exp. Date: _____

Dose 2 Deltoid (R) or (L) Administered by: _____ Date: _____

Lot #: _____ Exp. Date: _____

Dose 3 Deltoid (R) or (L) Administered by: _____ Date: _____

Lot #: _____ Exp. Date: _____