

## Stephens Pharmacy – Honesdale, PA COVID-19 Vaccine Authorization and Consent Janssen COVID-19 Vaccine

**The Vaccine** – This vaccine is a viral vector vaccine. Viral vector vaccines use a modified version of a different virus as a vector to deliver instructions to a human cell. This triggers an immune response to provide antibodies against SARS-CoV-2; So in case of an exposure, the virus does not cause illness.

**The Vaccine** contains recombinant, replication-incompetent adenovirus type 26 expressing the SARS-CoV-2 spike protein, citric acid monohydrate, trisodium citrate dihydrate, ethanol, 2-hydroxypropyl-B-cyclodextrin (HBCD), polysorbate-80, sodium chloride.

**I acknowledge that I have been advised to remain in the vaccination location for 15 minutes to monitor for possible adverse reactions.** If I experience a severe reaction, I will call 911 or go to the nearest hospital. I acknowledge that I have had a chance to ask questions and such questions have been answered to my satisfaction.

**Please answer the following questions (circle):**

- |                                                                                             |      |    |
|---------------------------------------------------------------------------------------------|------|----|
| 1. Are you sick today and/or have a fever greater than 100.5?                               | YES  | NO |
| 2. Have you been diagnosed or treated for COVID-19 in the last 90 days?                     | YES  | NO |
| 3. Have you received another COVID-19 vaccine?                                              | YES. | NO |
| 4. Do you have a weakened immune system or take medications that affect your immune system? | YES  | NO |
| 5. Have you ever had a serious reaction to a vaccine or injectable in the past?             | YES  | NO |
| 6. Are you pregnant and/or breast feeding?                                                  | YES  | NO |
| 7. Do you have any allergies to any medications, foods, vaccines or latex?                  | YES  | NO |
| a. Is so please explain. _____                                                              |      |    |

**Consent: I have received and read, or had explained to me, the Vaccine Information Sheet provided. I understand the risks and benefits, and have been provided an opportunity to ask questions, and they have been answered to my satisfaction. I wish to receive the COVID-19 vaccine and hereby give consent for Stephens Pharmacy to administer and communicate the administration of the vaccine to my primary care practitioner, insurer and government agencies where required.**

First and Last Name		Date of birth	Age	Gender
Street Address		City, State, Zip		
Phone #	Drug/food allergies	Physician's name	City where physician located	
Signature of person receiving vaccine <b>X</b>			Today's Date	

**PLEASE NOTE: We can only file for Medicare Advantage and Private Insurances Contracted with Stephens Pharmacy. Please let us know if you have a Primary insurance other than Medicare Part B. For Medicare Part B accepted Stephens Pharmacy Insurance Beneficiaries Only:** I authorize Stephens Pharmacy to bill Medicare on my behalf. I understand that if Medicare denies my claim for any reason (including but not limited to other coverage, incorrect date of birth, or prior claim submission this year) I may be billed by Stephens Pharmacy.

Medicare Patient Signature: <b>X</b>	<b>Medicare ID Number</b>								
<b>Stephens Pharmacy</b> 1101 Main Street Honesdale, PA 18431 570-253-7700 Stephenspharmacy.net		Vaccine Manufacturer and Lot # _____ Exp Date _____ Injection Site: L R arm  RPh Signature /Date _____							

