

Stephens Pharmacy – Honesdale, PA COVID-19 Vaccine Authorization and Consent Janssen COVID-19 Vaccine (J&J)

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. Do you have a blood disorder? ** | 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	Race/Ethnicity	
Signature of person receiving vaccine X			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: X	Medicare ID Number								
Stephens Pharmacy 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 _____							

** Reports of adverse events following use of the Janssen COVID-19 vaccine suggest an increased risk of thrombosis with the onset of symptoms approximately one to two weeks after vaccination. Most cases have occurred in females ages 18 – 49 years. In individuals with suspected thrombosis with thrombocytopenia following the Janssen COVID-19 Vaccine, the use of heparin may be harmful and alternative treatments may be needed. Consultation with hematology specialists is strongly recommended.