

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

**The Vaccine** – J&J manufactures a viral vector vaccine that uses a modified version of a different virus to deliver instructions to a human cell. This triggers an immune response to provide antibodies against SARS-CoV-2; Moderna uses a mRNA product that creates a protein that triggers cells to create an immune-response to a virus.

**The Vaccine** J&J 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. Moderna contains the following ingredients: messenger ribonucleic acid (mRNA), lipids (SM-102, polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG], cholesterol, and 1,2-distearoyl-sn-glycero-3-phosphocholine [DSPC]), tromethamine, tromethamine hydrochloride, acetic acid, sodium acetate trihydrate, and sucrose.

**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):**

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|---|-----|----|
| 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 |
| a. If Moderna or Pfizer, was last dose greater than 6 months ago?                           | YES | NO |
| b. If J&J, was last dose greater than 2 months ago?   | 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 <b>X</b>			Today's Date	

<b>Stephens Pharmacy</b> <b>1101 Main Street</b> <b>Honesdale, PA 18431</b> <b>570-253-7700</b> <b>Stephenspharmacy.net</b>	Vaccine Manufacturer and Lot # _____ Exp Date _____ Injection Site: L R arm  RPh Signature /Date _____
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Qualifying Conditions for J&J additional dose:

- Those 18 and older who received their first J&J dose greater than two months ago or received their second dose of Moderna or Pfizer greater than six months ago.

Qualifying Conditions for Moderna booster dose:

- Those 65 and older
- Receiving active cancer treatment for tumors or cancers of the blood;
- Received an organ transplant and am taking medicine to suppress my immune system;
- Received a stem cell transplant within the last 2 years or am taking medicine to suppress the immune system;
- Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome);
- Advanced or untreated HIV infection;
- Active treatment with high-dose corticosteroids or other drugs that suppress my immune response
- Those 18+ with an underlying medical condition
- Those 18+ who work or live in high-risk settings

\*\* 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.

According to the CDC the most common side effects reported after getting a third shot of an mRNA vaccine, the type made by Moderna, were pain at the injection site, fatigue, muscle pain, headache and fever, followed by chills and nausea. Those who experienced side effects after receiving the J&J additional dose reported fever, fatigue and headache according to the agency.