

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. What dose vaccine do you plan to receive today? Full Dose: 1 2 3* Booster Dose: 1 2 | | |
| 4. Date of your last vaccine? _____ | | |
| 5. Do you have a weakened immune system or take medications that affect your immune system? | YES | NO |
| 6. Have you ever had a serious reaction to a vaccine or injectable in the past? | YES | NO |
| 7. Are you pregnant and/or breast feeding? | YES | NO |
| 8. 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	

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 _____
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Recommended Covid Vaccination Schedule

Age	Product	Persons Who Are NOT Immunocompromised		Persons Who ARE Immunocompromised	
		Primary Series	Booster Dose	Primary Series	Booster Dose
18 Years and Older	Pfizer	2 doses. Separate: Dose 1 and 2 by at least 3-8 weeks.	At least 5 months after Dose 2	3 doses. Separate: Dose 1 and 2 by at least 3 weeks. Dose 2 and 3 by at least 4 weeks.	At least 12 weeks after Dose 3
18 Years and Older	Moderna	2 doses. Separate: Dose 1 and 2 by at least 4-8 weeks.	At least 5 months after Dose 2	3 doses. Separate: Dose 1 and 2 by at least 4 weeks. Dose 2 and 3 by at least 4 weeks.	At least 12 weeks after Dose 3
18 Years and Older	J&J Janssen	1 dose	At least 8 weeks after Dose 1	2 doses. Separate: Dose 1 and 2 by at least 29 days, Dose 2 MUST be mRNA vaccine.	At least 8 Weeks after Dose 2

According to the CDC, if you were previously treated for COVID-19 with monoclonal antibodies or convalescent plasma, you should wait 90 days before getting a COVID-19 vaccine. Talk to your doctor if you are unsure what treatments you received or if you have more questions about getting a COVID-19 vaccine.

* Anyone considered to be moderately to severely immunocompromised may receive a third full dose of mRNA vaccine.

** 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.

*** Anyone 50 and older is eligible for a second booster as well as those who are moderately to severely immunocompromised. Second booster must be at least four months after the first booster.

According to the CDC the most common side effects reported after receiving 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.