

# Stephens Pharmacy – Honesdale, PA

## COVID-19 Vaccine Authorization and Consent

### Moderna

**The Vaccine** – Moderna uses a mRNA product that creates a protein that triggers cells to create an immune-response to a virus.

**The Vaccine** - Moderna vaccine 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):**

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 <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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## 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.

\*\*\* 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.