

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 vaccines contain 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? | Bivalent 1 st Dose: 1 | Bivalent Booster: 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

MODERNA BIVALENT BOOSTER (4/2023) – For patients 65 years-of-age or older, a second booster should be received no earlier than 4 months after a previous booster.

Anyone considered to be moderately to severely immunocompromised may receive a second bivalent booster no earlier than 2 months following a previous booster.

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.

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.

More information regarding COVID vaccines, including possible side effects and selected adverse reactions can be found at <https://www.cdc.gov/coronavirus/2019-ncov/vaccines>.