

## Stephens Pharmacy – Honesdale, PA

### SPIKEVAX COVID-19 Vaccine (2023/2024) 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.

**Ingredients** – SPIKEVAX 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. Have you ever been diagnosed with myocarditis?   | YES | NO |
| 2. Are you sick today and/or have a fever greater than 100.5?                               | YES | NO |
| 3. Do you have a blood disorder?  | YES | NO |
| 4. Date of your last vaccine? _____ (> than two-months after previous COVID vax)            |     |    |
| 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 SPIKEVAX 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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