

Moderna COVID-19 Vaccine
First Dose Second Dose Booster Dose

City of Lubbock Health Department
 806 18th Street, 79401
 806-775-2933

Last		First		Middle	Sex M / F	Birth Date	Age
Address			City	State	Zip	County	
Race: American Indian/Alaskan Native		Native Hawaiian/Pacific Islander		Ethnicity: Hispanic		Non-Hispanic	
Asian		Black		White		Other	
Phone		Mother's First Name			Mother's Maiden Name		
If this is your second or booster dose:		Date of Previous Dose:			Previous Dose Provider/Location:		

Exclusion Questions: Answering yes to either of these questions excludes you from receiving the vaccine.

Do you have a known history of a severe allergic reaction (e.g., anaphylaxis) to any ingredient of the Moderna COVID-19 Vaccine which includes: 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?	Yes	No
Are you younger than 18 years of age?	Yes	No

Screening Questions:

In the past two weeks have you tested positive for COVID-19?	Yes	No	
In the past two weeks have you had exposure to a person who tested positive for COVID-19 at a distance of six feet or less for a period of 15 or more minutes without wearing appropriate personal protective equipment?	Yes	No	
Have you had a new onset of fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, nausea, vomiting or diarrhea?	Yes	No	
In the past 90 days have you received passive antibody therapy (i.e. convalescent plasma or a monoclonal antibody) as part of COVID-19 treatment?	Yes	No	
Are you pregnant or breastfeeding or do you plan to become pregnant?	Yes	No	
Are you immune compromised or on a medicine that affects your immune system?	Yes	No	
Do you have a bleeding disorder or are you on a blood thinner?	Yes	No	
Do you have a history of severe allergic reaction (e.g. anaphylaxis) to another vaccine or injectable medication? If Yes, what vaccine or injectable medication:	Yes	No	
If yes to any of the above, I attest that I have discussed my condition with my provider and vaccination is recommended or I acknowledge that there may be risks and consent to proceed with vaccination.	Yes	No	NA

You are being offered the Moderna COVID-19 Vaccine to prevent Coronavirus Disease 2019 (COVID-19) caused by SARS-CoV-2. The *Fact Sheet for Recipients and Caregivers* contains information to help you understand the risks and benefits of the Moderna COVID-19 Vaccine, which you may receive because there is currently a pandemic of COVID-19. Read the *Fact Sheet for Recipients and Caregivers* for information about the Moderna COVID-19 Vaccine and talk to the vaccination provider if you have questions.

The Moderna COVID-19 Vaccine is an unapproved vaccine that may prevent COVID-19. The FDA has authorized the emergency use of the Moderna COVID-19 Vaccine to prevent COVID-19 in individuals 18 years of age and older under an Emergency Use Authorization (EUA). It is your choice to receive the Moderna COVID-19 Vaccine. The Moderna COVID-19 Vaccine is administered as a 2-dose series, 1 month apart, into the muscle. The Moderna COVID-19 Vaccine may not protect everyone. If you receive one dose of the Moderna COVID-19 Vaccine, you should receive a second dose of the same vaccine 1 month later to complete the vaccination series. If you are immunocompromised, you may receive a third dose of the Moderna COVID-19 Vaccine at least 1 month after the second dose.

By signing this form you are providing your informed consent to the City of Lubbock to administer the Moderna COVID-19 Vaccine. You agree that you have been provided an opportunity to review the *Fact Sheet for Recipients and Caregivers*, ask any questions that you may have regarding the vaccine, and the option to decline to receive the vaccine after reviewing the *Fact Sheet for Recipients and Caregivers*. You also understand and agree to release your information on this consent form to state or federal health authorities for the purpose of tracking immunizations during a public health emergency.

Printed Name		Signature		Date
Clinic Use				
MANUFACTURER	LOT NUMBER	EXP DATE	DOSE	IM SITE
Moderna			0.5 mL	
Administered by:			Date:	

ImmTrac: Date _____ Initials _____

Release time: _____