



**Unity Health Care Inc. - Moderna COVID-19 vaccine consent form**

By signing this form, I understand the following:

- I have been offered the Moderna COVID-19 Vaccine to prevent Coronavirus disease, also known as COVID-19, at Unity Health Care. Unity Health Care is not a maker of the vaccine but only gives it to patients.
- This vaccine is being given under an Emergency Use Authorization (EUA) from the Food and Drug Administration (FDA). I have received and read the Moderna Vaccine Fact Sheet or had the information on the Fact Sheet explained to me. I have had a chance to ask questions, and those questions were answered to my satisfaction. I understand the risks and benefits associated with the COVID-19 vaccine.
- I certify that I do not have any medical conditions that would be a reason for me not get this vaccine, as outlined in the Fact Sheet. I understand that if I have any of the conditions below, I could be at increased risk of having a negative reaction or problem from the vaccine.

- Anaphylaxis (difficulty breathing) or severe allergic reaction from a previous vaccination or an injectable medication.
- Having any other vaccinations in the previous 14 days.
- Currently sick with a fever, active respiratory infection or other moderate/severe illness.
- To have received monoclonal antibodies or convalescent plasma for treatment of COVID-19 within the past ninety (90) days.
- To be allergic to the following ingredients in the COVID-19 vaccine: 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, and sucrose.

- I further declare that I am making an informed decision to receive the vaccine if I have any of the following conditions: Pregnant, attempting to become pregnant or breastfeeding; have a bleeding disorder or are on a blood thinner; are immunocompromised or are taking a medication that affects the immune system.
- I agree to WAIT near the clinic location after receiving the vaccine for 15 minutes, or for 30 minutes If I have previously had a severe allergic reaction to a vaccine or injectable medication.
- I certify that I am the patient and at least 18 years of age or the legal guardian of the patient. I am receiving this vaccine voluntarily and at my own risk.
- I hereby release and hold harmless Unity, its staff, agents, successors, divisions, affiliates, subsidiaries, officers, directors, contractors and employees from any and all liabilities or claims, whether known or unknown, arising out of, in connection with, or in any way related to the administration of the COVID-19 vaccine.

Further, I hereby give my consent to Unity Health Care to administer the Moderna COVID-19 vaccine.

\_\_\_\_\_  
Signature of the Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the Legal Guardian of the Patient

\_\_\_\_\_  
Date

- Patient is unable to sign or acknowledge receipt of the above documents due to:

\_\_\_\_\_.

\_\_\_\_\_  
Signature of Unity Witness

\_\_\_\_\_  
Name and Position

\_\_\_\_\_  
Date

Patient Name (Printed): \_\_\_\_\_ DOB: \_\_\_\_\_ MR/ ACCT#: \_\_\_\_\_