

Informed Consent for COVID-19 Vaccine

Rev. 12/20
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1. I, _____, am being offered the COVID-19 vaccine to prevent Coronavirus Disease 2019 (COVID-19).
(Name of Patient)
2. I understand that the COVID-19 vaccine may prevent me from getting COVID-19 and that the FDA has authorized emergency use of this vaccine. I understand that there is no FDA approved vaccine to prevent COVID-19 at this time.
3. I have been given and have reviewed the "FACT SHEET FOR RECIPIENTS AND CAREGIVERS" for this COVID-19 vaccine.
4. I understand that it is not mandatory that I receive this COVID-19 vaccine and agree that it is my choice to receive this vaccine.
5. I understand that I should continue to follow infection control measures according to CDC guidelines after administration of the COVID-19 vaccine.
6. I have had the opportunity to ask questions regarding this COVID-19 vaccine and understand the benefits and risks of receiving this vaccine as noted in the Fact Sheet for Recipients and Caregivers.
7. I understand that if I am pregnant or breastfeeding I am directed to discuss options with my healthcare provider.
8. I understand that the practice of medicine is not an exact science, and that the administration of this COVID-19 vaccine may not have the benefit or results intended. I acknowledge that no guarantees or assurances have been made regarding the COVID-19 vaccine, immunity to the disease, or any of the side effects or risks associated with this vaccine.

Patient or Parent/Legal Guardian Signature

Printed Name

Date

Witness