

CLINIC #

COVID-19 Vaccine Consent Form



8100 Innovation Park Dr., Ste. 100, Fairfax, VA 22042

Please print CLEARLY

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Name of Recipient (First Name, Last Name)

Email _____ Sex: Male Female Date of Birth / /

MM DD YYYY

Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

FOR INOVA EMPLOYEES, PERSONNEL and AFFILIATES ONLY

Inova Employee External Physician/Medical Contractor/NP/PA Volunteer Contractor

Inova Employee ID # Department _____ Facility/Hospital _____

I declare that I am over the age of 16. I further declare that:

1. I have not experienced anaphylaxis (difficulty breathing) or severe allergic reactions from a previous vaccination or an injectable medication.
2. I have not had any other vaccinations in the previous 14 days (e.g. MMR, Shingrex, Varicella, or a TB skin test).
3. I am not currently sick with a fever, active respiratory infection or other moderate/severe illness.
4. I have not received monoclonal antibodies or convalescent plasma for treatment of COVID-19 within the past ninety (90) days.
5. I have been given the opportunity to review and am not allergic to the ingredients in the COVID-19 vaccine.

I understand that if I have any of the above conditions, I could be at increased risk of having a negative reaction or problem from the vaccine.

I further declare that if I have any of the following conditions, I have spoken with my primary care provider and am making an informed decision to receive the vaccine:

1. Pregnant, attempting to become pregnant or breastfeeding;
2. Have a bleeding disorder or are on a blood thinner;
3. Are immunocompromised or are taking a medication that affects the immune system (such as cortisone, prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease or psoriasis; HIV/AIDS, cancer, leukemia, ankylosing spondylitis or radiation treatments).

I agree to WAIT near the clinic location for 15 minutes after receiving the vaccine. If I have previously had a severe allergic reaction to a vaccine or injectable medication, I agree to WAIT near the clinic location for 30 minutes after receiving the vaccine.

I understand that the COVID-19 vaccine is a two-part vaccine series. By signing this consent, I am agreeing that I will receive the first and second part of the vaccine series.

I understand that the common risks associated with the COVID-19 vaccine include, but are not limited to, pain, redness or swelling at the site of injection, tiredness, headache, muscle pain, chills, joint pain, fever, nausea, feeling unwell or swollen lymph nodes (lymphadenopathy). I understand that the vaccine may cause a severe allergic reaction which can include anaphylaxis (difficulty breathing), swelling of the face and throat, a fast heartbeat, a rash all over the body, dizziness and/or weakness. I understand that these may not be all the side effects of the COVID-19 vaccine as the vaccine is still being studied in clinical trials. I also understand that it is not possible to predict all possible side effects or complications which could be associated with the vaccine. I understand that the long term side effects or complications of this vaccine are not known at this time.

I understand that the vaccination is being given by Inova Health System Foundation and its affiliates (collectively Inova). The owner and/or operator of this site, their affiliates, officers, directors, employees and agents expressly disclaim any responsibility for the vaccination. My consent is given in light of this knowledge, and in consideration of Inova giving the COVID-19 vaccine. I, for myself and my heirs, administrators, trustees, executors, assigns and successors in interest do hereby agree to release and hold harmless Inova, its subsidiaries, divisions, affiliates, successors, assigns, officers, trustees, employees, volunteers and agents from an against any and all demands, damages, losses, costs, expenses, obligations, liabilities, claims, actions and cause of action (whether any of which is groundless or otherwise) of any nature whatsoever (including, without limitation, reasonable attorney's fees and court costs) by reason of or resulting, in any way, from any and all acts, accidents, events, occurrences, omissions and the like related to, or arising out of, directly or indirectly, my receipt of this COVID-19 vaccine.

Inova makes no warranties, express or implied, including but not limited to, implied warranties of merchantability or fitness for a particular purpose regarding the vaccine or its effectiveness. I acknowledge receipt of Inova's Notice of Privacy Practices.

Medicare Part B Recipients: I understand Inova will process Medicare Part B claims on my behalf and accepts Medicare payment in full. I understand I must present my Medicare card prior to receiving the vaccine. I understand that if I have assigned my Medicare benefits to a Medicare Advantage Plan (like an HMO or PPO), I must receive my COVID-19 vaccine shot from my HMO/managed care provider or pay the Inova charge.

Private Insurance Participants: If I have private insurance, I understand that Inova will not bill my insurance carrier on my behalf, and that I am responsible for paying the required fee for this vaccine to Inova and for pursuing reimbursement from my health insurance carrier. Inova cannot guarantee that this service will be reimbursable by insurance.

I have read and understood "What To Do If You Have A Reaction To The COVID-19 Vaccination" and the "Fact Sheet" by the FDA regarding the COVID-19 Vaccination.

I further understand and agree that Inova is required to submit COVID-19 vaccine administration data to the Virginia Immunization Information System (VIIS), and report moderate and severe adverse events following vaccination to the Vaccine Adverse Event Reporting System (VAERS).

I understand and agree to all of the above and I hereby give my consent to the staff of Inova to give me a COVID-19 vaccine.

Patient: _____ **Date:** _____

Parent/Guardian/Designated Decision Maker: _____ **Date:** _____

Vaccine Lot # & Exp. Date	Route	Administered by (legal signature and title)	Amount Paid	Method
Lot # _____ Exp. Date _____	IM <input type="checkbox"/> RD <input type="checkbox"/> LD <input type="checkbox"/>		\$ _____	<input type="checkbox"/> Cash/Check <input type="checkbox"/> Certificate <input type="checkbox"/> Credit <input type="checkbox"/> Medicare <input type="checkbox"/> Billable <input type="checkbox"/> Inova

WHAT TO DO IF YOU HAVE A REACTION TO THE COVID-19 VACCINATION

- Most people have side effects from the vaccination, but these usually only last 24 – 48 hours after receipt of the vaccination. A few people may have no side effects at all. Most people will experience pain, redness and/or soreness at the injection site. Many people will have a headache, fever, chills, muscle pain and/or fatigue from the vaccine, particularly after the second dose. A few people will have nausea or swollen lymph nodes (lymphadenopathy).
 - In rare circumstances, the vaccine may cause a severe allergic reaction which can include anaphylaxis (difficulty breathing), swelling of the face and throat, a fast heartbeat, a rash all over the body, dizziness and/or weakness.
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What should you do if you have a reaction?

If you experience any of the following:

- Red, sore arm at and around the injection site:
 - Apply an ice pack to the affected area for comfort.
 - If condition does not improve or worsens in 24 to 48 hours, call your physician.
 - Fever, achiness, fatigue and/or headache:
 - For adults 18 and over: Take the non-prescription product that you would usually use for discomfort or fever relief as needed.
 - If condition does not improve or worsens in 24 – 48 hours, call your physician.
 - Unusual or severe reaction (for example, hives, difficulty breathing, wheezing, allergic reaction):
 - Immediately call your physician, call 911 or go to the emergency room or nearest urgent care center.
 - If you have seen your physician or visited the emergency room or an urgent care in relation to any of the reactions listed above, please notify Inova staff by calling our hotline at 571-472-0321 to leave a message at the end of the voicemail message. A nurse will return your call within 24 hours.
 - In addition, you may report vaccine side effects to the FDA/CDC Vaccine Adverse Event Reporting System (VAERS). The VAERS toll-free number is 1-800-822-7967 or report online to <https://vaers.hhs.gov/reportevent.html> Please include “Pfizer-BioNTech COVID-19 Vaccine EUA” in the first line of box #18 of the report form.
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Information about the COVID-19 Vaccine

- The COVID-19 vaccines are not live virus vaccines so the vaccines cannot infect anyone with COVID-19.
- All needles and syringes are sterile, are one-time use and are safely discarded.
- According to data, the COVID-19 vaccine has approximately a 94% success rate in completely protecting those who receive it. The remainder have partial protection and will have greatly lessened symptoms if they do contract COVID-19.
- The vaccine will begin to provide protection about one to two weeks after the second shot of the series is given.
- At this time, we do not know how long the COVID-19 vaccine is effective for, so you may need future vaccines to remain protected.
- While the COVID-19 vaccination does provide protection against infection or greatly lessened symptoms if you contract COVID-19, you should continue to practice hand hygiene and use appropriate personal protective equipment (PPE).

What to Expect after Getting a COVID-19 Vaccine

Accessible version: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/expect/after.html>

COVID-19 vaccination will help protect you from getting COVID-19. You may have some side effects, which are normal signs that your body is building protection. These side effects **may feel like flu** and **may even affect your ability** to do daily activities, but they should go away in a few days.

Common side effects

On the arm where you got the shot:

- Pain
- Swelling

Throughout the rest of your body:

- Fever
- Chills
- Tiredness
- Headache

Helpful tips

If you have pain or discomfort, talk to your doctor about taking an over-the-counter medicine, such as ibuprofen or acetaminophen.

To reduce pain and discomfort where you got the shot:

- Apply a clean, cool, wet washcloth over the area.
- Use or exercise your arm.

To reduce discomfort from fever:

- Drink plenty of fluids.
- Dress lightly.

When to call the doctor

In most cases, discomfort from fever or pain is normal. Contact your doctor or healthcare provider:

- If the redness or tenderness where you got the shot increases after 24 hours
- If your side effects are worrying you or do not seem to be going away after a few days

Remember

- Side effects may feel like flu and even affect your ability to do daily activities, but they should go away in a few days.
- With most COVID-19 vaccines, you will need 2 shots in order for them to work. Get the second shot even if you have side effects after the first one, unless a vaccination provider or your doctor tells you not to get a second shot.
- It takes time for your body to build protection after any vaccination. COVID-19 vaccines that require 2 shots may not protect you until a week or two after your second shot.
- It's important for everyone to continue using all the tools available to help stop this pandemic as we learn more about how COVID-19 vaccines work in real-world conditions. Cover your mouth and nose with a mask when around others, stay at least 6 feet away from others, avoid crowds, and wash your hands often.

HEALTHCARE PROVIDER, PLEASE FILL IN THE INFORMATION BELOW:

If your temperature is ____°F or ____°C or higher or if you have questions, call your healthcare provider.

Tell your healthcare provider about: _____

Healthcare provider phone number: _____

Medication (if needed):

Take _____ every ____ hours as needed.

(type and dose or amount)



Ask your healthcare provider about getting started with v-safe

Use your smartphone to tell CDC about any side effects after getting the COVID-19 vaccine. You'll also get reminders if you need a second dose

Learn more about **v-safe**.

www.cdc.gov/vsafe



cdc.gov/coronavirus