



**COVID-19 VACCINATION RECORD- Moderna**

**Please Complete All Information Below-Please Print**

Name \_\_\_\_\_ ID# \_\_\_\_\_ Dept \_\_\_\_\_  
 SS# \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_ Sex: F M (Circle)  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

1. You should not get the COVID-19 Vaccine if you:

- had a severe allergic reaction after a previous dose of this vaccine
- had a severe allergic reaction to any ingredient of this vaccine.

2. WHAT ARE THE INGREDIENTS IN THE COVID-19 VACCINE?

- The **Moderna** COVID-19 Vaccine includes the following ingredients: 100 mcg of nucleoside-modified messenger RNA (mRNA) encoding the pre-fusion stabilized Spike glycoprotein (S) of SARS-CoV-2 virus, total lipid content of 1.93 mg (SM-102, polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG], cholesterol, and 1,2-distearoyl-sn-glycero-3-phosphocholine [DSPC]), 0.31 mg tromethamine, 1.18 mg tromethamine hydrochloride, 0.043 mg acetic acid, 0.12 mg sodium acetate, and 43.5 mg sucrose.

3. Tell the vaccination provider about all of your medical conditions, including if you:

- have any allergies
- have a fever
- have a bleeding disorder or are on a blood thinner
- are immunocompromised or are on a medicine that affects your immune system
- have received another COVID-19 vaccine

4. Are you now currently ill and/or fever? Yes No

5. Are you pregnant or plan to become pregnant? Yes No

- Clinical trials for the vaccine have not included pregnant women as of December 2020. Please consult with your provider if you are pregnant or breastfeeding.

**HEALTHWORKS COVID-19 VACCINE INFORMED CONSENT:**

I have read or it has been explained to me the information about the COVID-19 vaccine and its approval via the emergency use authorization. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of COVID-19 vaccine and request the vaccine is given to me at no charge. Therefore, I agree to hold Healthworks facility, my employer, harmless from any injury, complication or side effect(s) caused by the administration of said vaccine. I also understand that the Healthworks employee administering the vaccine will access my immunization record in Epic for documentation purposes only.

Vaccine	Date Dose Administered	Injection Site	Vaccine Manufacturer	Lot Number	Signature of Vaccine Administrator	EUA
2020 - 2021 COVID-19 Vaccine		<input type="checkbox"/> Left <input type="checkbox"/> Arm <input type="checkbox"/> Right <input type="checkbox"/> Thigh	<b>Moderna</b>			December 2020

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (Signature)

\_\_\_\_\_  
Date

**NOTE: Complete all information on this form. Bring this form with you at the time you plan to receive your "COVID-19" vaccine.**

