

ENGLEWOOD HEALTH DEPARTMENT
73 S. Van Brunt St., Englewood, NJ 07631
201-568-3450

CONSENT FOR COVID-19 VACCINE

Englewood Health Department is offering the Moderna COVID-19 vaccine to all eligible participants recognized by the New Jersey Department of Health.

A copy of the Moderna COVID-19 Vaccine Emergency Use Authorization (EUA) is being provided with this consent. Please Read the EUA before receiving the Moderna COVID-19 Vaccine.

- Patient's First Name: _____ Last Name: _____
- Date of Birth: ____ / ____ / ____
 MM DD YYYY
- Telephone number: _____ - _____ - _____
- E-mail address: _____

I have received information from the Englewood Health Department about the COVID-19 vaccine and also the Emergency Use Authorization (EUA) fact sheet. <https://www.modernatx.com/covid19vaccine-eua/eua-fact-sheet-recipients.pdf>

I give consent to be vaccinated with COVID-19 vaccine. I understand that I should not get the COVID-19 Vaccine if I had a severe allergic reaction after a previous dose of this vaccine or had a severe allergic reaction to any ingredient of this vaccine which are: 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 also understand that my immunization records information will be maintained by the Englewood Health Department and will only be shared with authorized individuals or entities permitted by New Jersey Law.

I am also aware that I might experience severe allergic reaction after receiving the vaccine such as: difficulty breathing, swelling of the face and throat, a fast heartbeat, a bad rash all over the body, dizziness, and weakness.

Signature: _____

Date: ____ / ____ / ____

For Office Use Only -- Englewood Health Department – Vaccine Administration Information

Vaccine Name: **COVID-19**

Manufacturer: **Moderna**

Dose Number _____

Exp. Date: _____

Lot Number: _____

Dosage (mL): _____

Site: _____

EUA Fact Sheet: / /

Date Administered: _____

Vaccinator's signature: _____ Date: ____ / ____ / ____