

COVID-19 Vaccine Consent & Release

All products used to administer the COVID-19 vaccine are latex free.

Please read carefully and answer all the following questions accurately. Be sure to ask your nurse any questions prior to receiving the vaccine.	YES	NO
1. Is this your first COVID-19 vaccine EVER?		
2. Have you ever had a serious reaction such as itching, hives, and swelling, shortness of breath or difficulty following the administration of the COVID-19 vaccine?		
3. Have you ever been diagnosed with or paralyzed by Guillain -Barre' Syndrome or any Neuro-Muscular disease?		
4. Have you had an allergic reaction of any severity to a previous dose or mRNA COVID-19 vaccine or any of its components (including polyethylene glycol [PEG])?		
5. Do you have a fever at the present time?		
6. Are you pregnant or currently nursing a baby?		
7. Have you been treated with antibody therapy specifically for COVID-19(monoclonal antibodies or convalescent plasma) in the past 90 days?		
8. Have you had COVID-19 in the last 10 days?		
9. Were you diagnosed with myocarditis (inflammation of the heart muscle) or Pericarditis (inflammation of the lining around the heart) post COVID-19 vaccine?		

Address: _____

Date of birth: _____

Phone number: _____

Administration of this vaccine is governed by the recommendations of the Center for Disease Control (CDC). Please read the vaccination Information Statement or (VIS) prior to receiving your vaccine. You can locate a duplicate of this VIS form and other important vaccine information at:

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>

1. If you have answered yes to any of the questions above, notify your nurse on the day of your scheduled vaccination. You may be requested to consult your health care provider before receiving a vaccination.
2. If you have a temperature greater than or equal to 100.0 degrees Fahrenheit or do not feel well on the day of your scheduled vaccination, you will NOT receive a COVID-19 vaccination and may be requested to return on another day.
3. If you have ever had a severe allergic reaction to a COVID-19 vaccination in the past or have had a serious allergy to any part of this vaccine, you will not receive the COVID-19 vaccine.
4. Possible side effects include pain, redness, or swelling at the site where the vaccine was administered, and/or tiredness, headache, muscle pain, chills, fever, or nausea throughout the rest of the body. If these side effects occur, they should go away in a few days. A few side effects are serious, but rare.
5. If you ever had Guillain-Barre' Syndrome (also called GBS) you will not receive a vaccination.
6. **FDA warnings:** The FDA added a warning label the mRNA vaccines regarding serious (but rare) cases of inflammation of the heart muscle (myocarditis) and of the outer lining of the heart (pericarditis) in adolescents and young adults, more often occurring after the second dose of an mRNA vaccine. The inflammation, in most cases, gets better on its own without treatment.
7. If this is the first time you have ever had a COVID-19 vaccine, you MUST remain in the room with the nurse for a period of 10 minutes for observation. If you cannot stay, you will not receive a vaccination and may be requested to return on a day in which you can remain onsite.
8. It takes about 2 weeks for protection to develop after vaccination.

Consent & Release

Waiver and Release: I for myself and heirs, executors, administrators, and assigns do hereby forever release and discharge and hold harmless, 360 Medical Consulting, LLC and respective officers, directors, shareholders, employees contractors, agents, representatives, affiliates and assigns and successors in interest (herein collectively referred to a "Releases") from any and all causes of action, suites, claims, damages, judgements, and demands of any nature whatsoever, in law, admiralty or equity, which I may not or hereafter have as a result of my participation in this vaccination program and my receipt of a COVID-19 vaccine (including without limitation and bodily injury, illness or death). I further understand that in the event any cause or other provision of this release shall be found to be unenforceable or invalid by any court of competent jurisdiction that the remaining provisions of this release shall continue to remain in force and effect.

Consent: I further acknowledge and fully understand the terms of this consent and release form and am signing the same of my own free will without any duress of any nature. I have read the above information and have answered all the questions above accurately and to the best of my knowledge. I have received, read, and I fully understand the CDC vaccine information sheet (VIS) provided that explains both the benefits and risks of a vaccine. I have reviewed the contraindication information above. I have answered all the questions above truthfully and have asked any questions I have prior to receiving a vaccination. I understand it is my responsibility to discuss with my primary care physician before signing this consent and administration. All my questions have been answered regarding the COVID-19 vaccine. I deny any current illness or medical history as indicated above. I understand that the decision to have a COVID-19 vaccination is mine and mine alone. I hereby agree to indemnify and hold harmless 360 Medical Consulting and/ or any of their affiliated or related entities from any claims, fees, penalties, fines, or other damages incurred as a result of any false statements made by me on this form.

Printed Name: _____ Signature: _____ Vaccination date: _____

Nursing Staff Only

(MODERNA) Lot# _____ Dose: _____ Manufacturer: _____ Exp. Date: _____

(PFIZER) Lot# _____ Dose: _____ Manufacturer: _____ Exp. Date: _____

Administration Site: (**Check One**) Left _____ Right _____ Upper Arm _____

Administered By: Navjot Kaur/ Angie Wu/ Alicia Wright/ Rainier Chirinos/ Lea Tesfahun Date: _____