

**GROUP IMMUNIZATION
COVID-19 Vaccination Consent**

COVID-19 disease is caused by a coronavirus called SARS-CoV-2. This type of coronavirus has not been seen before. You can get COVID-19 through contact with another person who has the virus. It is predominantly a respiratory illness that can affect other organs. People with COVID-19 have had a wide range of symptoms reported, ranging from mild symptoms to severe illness. Symptoms may appear 2 to 14 days after exposure to the virus. Symptoms may include: fever or chills; cough; shortness of breath; fatigue; muscle or body aches; headache; new loss of taste or smell; sore throat; congestion or runny nose; nausea or vomiting; diarrhea.

COVID-19 Vaccine - The COVID-19 vaccine uses messenger RNA (mRNA). Coronaviruses have a spike-like structure on their surface called an S protein. COVID-19 mRNA vaccines give cells instructions for how to make a harmless piece of an S protein. After vaccination, cells begin making the protein pieces and displaying them on cell surfaces. Your immune system will recognize that the protein doesn't belong there and begin building an immune response and making antibodies. The COVID-19 vaccines currently being developed in the U.S. don't use the live virus that causes COVID-19. It will take a few weeks for your body to build immunity after getting a COVID-19 vaccination. As a result, it's possible that you could become infected with the virus that causes COVID-19 just before or after being vaccinated.

Risks & Possible Side Effects

Adverse reactions following the COVID-19 Vaccine that have been reported in clinical trials include injection site pain, fatigue, headache, muscle pain, chills, joint pain, fever, injection site swelling, injection site redness, nausea, malaise, and lymphadenopathy (see Full EUA Prescribing Information). 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, dizziness or weakness). These may not be all of the side effects of the COVID-19 vaccine as the vaccine is still being studied in clinical trials.

Special Notice- Vaccination is generally not recommended for the following individuals:

1. Under the age of 5, for Pfizer, or 18, for Moderna vaccine.
2. With a severe allergic reaction to any component of the COVID-19 Vaccine (see description)
3. Who are currently sick with a fever, active respiratory infection or other illness.
4. Who had COVID-19 within the past 90 days.

If you have any of the above, please notify the staff. If you have any questions, please ask now or check with a physician or your health department before receiving the vaccine. If you are pregnant, have a medical condition which compromises your immune system such as HIV or cancer, have experienced anaphylaxis or severe allergic reactions from a previous vaccination or injectable medication, or have a bleeding disorder or on a blood thinner, please check with your physician before receiving the vaccine.

If you experience any significant reactions, see your physician.

I have read the above information about COVID-19 and COVID-19 vaccine; and I have had a chance to ask questions. I understand that the COVID-19 vaccine may require 2 separate vaccines and I agree that I will receive the first and second doses of the vaccine. I understand the benefits and risks of COVID-19 and request that the vaccine be given to me or the person named below for whom I am authorized to sign. The Baton Rouge Clinic (the "Clinic") its officers, directors, employees and agents expressly disclaim any responsibility for the vaccination. I give my consent for the vaccine in light of this knowledge and I, for myself and my heirs, administrators, trustees, employees, volunteers, and agents from and against any and all demands, damages, losses, costs, expenses, obligations, liabilities, claims, and causes of action of any nature whatsoever (including, without limitation, attorney's fees and court costs) by reason of, related to, or resulting in any way from my receipt of the COVID-19 vaccine. The Baton Rouge Clinic makes no warranties, express or implied of merchantability of fitness for a particular purpose regarding the vaccine or its effectiveness.

Information – Person to Receive Vaccine				For Clinic Use		
				Name of Clinic	Dose #1	Dose #2
				The Baton Rouge Clinic, AMC	<input type="checkbox"/>	<input type="checkbox"/>
Name (Please Print)		Birth Date		Date of Vaccination		
		Age		Manufacturer and Lot No.		
				Site of Injection		
Address: Street		City		Chronic Disease		
		State		Yes <input type="checkbox"/>		
		Zip		No <input type="checkbox"/>		
Signature (Person receiving vaccine or Parent or Guardian)						