

Vaccination Consent and Release



Salutation (None, Mr., Ms. Mrs., Dr., Prof.)	Last Name	First Name	M.I.
Gender (Female, Male, Decline to Specify, Other)	Date of Birth	Phone Number	E-mail
Street Address	City	State	ZIP code

Ethnicity:	Hispanic or Latino	Not Hispanic or Latino	Unknown/Not Reported
Race:	American Indian or Alaska Native	Asian	Black or African American
	Native Hawaiian or Other Pacific islander	White	Unknown/Not Reported
List any medications:			
List any other relevant medical information:			

Primary Insurance	Insurance ID	Name of Primary Care Provider	PCP Phone Number:
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		Yes	No	Don't Know
Have you been previously vaccinated with any COVID-19 vaccine? If YES, product name: _____ Date received: _____ If vaccine product Moderna COVID-19 vaccine AND at least 28 days since date received, proceed to screening questions. If vaccine product NOT Moderna COVID-19 vaccine, STOP. Moderna COVID-19 vaccine will NOT be administered.				
Screening Questions to determine if you may be vaccinated today		Yes	No	Don't Know
1.	Have you ever had a severe allergic reaction (e.g., anaphylaxis) to a vaccine, any component of this or other vaccines, or to any injectable medication (intramuscular, intravenous, or subcutaneous)?			
2.	Do you have a history of a severe allergic reaction (e.g., anaphylaxis) to any medications, foods, pets, insects, venom, environmental triggers, or latex?			
3.	Are you sick today?			

Considerations from the CDC

Administration of Moderna COVID-19 vaccine with other vaccines.

- You should wait at least 14 days after getting any other vaccine before you come to get the Moderna COVID-19 vaccine.
- It is not known if getting the Moderna COVID-19 vaccine within 14 days of another vaccine will affect how each vaccine works.

History of a previous or current COVID-19 infection

- You may receive a COVID-19 vaccine if you have had a previous COVID-19 infection.
- If you have a current COVID-19 infection, you should wait until you are better and have completed your isolation time before coming in to get a COVID-19 vaccine.
- There is no recommended minimum time between recovering from a COVID-19 infection and getting a COVID-19 vaccine.

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Recipient Name (Last) _____ (First) _____ Date of Birth _____

Considerations from the CDC (Continued)

History of unprotected exposure to a person who tested positive for COVID-19 in the last 14 days

- If you have had an unprotected COVID-19 exposure, you should wait to complete your quarantine before coming in to get a COVID-19 vaccine.

If you have been treated with a monoclonal antibody or convalescent plasma

- You should wait at least 90 days to get a COVID-19 vaccine after treatment with a monoclonal antibody or convalescent plasma for a COVID-19 infection.

Special populations:

- A COVID-19 vaccine may be administered to immunocompromised individuals, including people with HIV and those on immunosuppressive medications, but the vaccine has not been fully studied in this population.
- Women who are pregnant or breastfeeding should talk with their providers to decide on getting a COVID-19 vaccine. It is not known if the Moderna COVID-19 vaccine is safe and effective during pregnancy or when breastfeeding.

If you have any additional questions after reviewing the above information, talk to your doctor or healthcare provider before getting the Moderna COVID-19 vaccine.

Acknowledgment

I have been given a copy of the Fact Sheet for Recipients and Caregivers for the Emergency Use Authorization (EUA) of the Moderna COVID-19 vaccine and have read it. I have had the chance to ask questions and I am satisfied with the answers and explanations given. I understand that this vaccine has not yet been approved by the Food and Drug Administration ("FDA"), and is being given under an FDA issued EUA. I confirm that KTA Super Stores, on behalf of its pharmacy operations in all divisions, has answered to my satisfaction all of my questions about the vaccine and the vaccination procedure. I understand the benefits and risks of this vaccine and ask that the vaccine be given to me, or the person for whom I am authorized to make this request. I understand that because this is not an FDA-approved vaccine but is being given under an FDA issued Emergency Use Authorization, KTA, its divisions and affiliates and their respective officers, directors, employees, agents and representatives are immune from civil liability under federal and state law for all claims for loss related to any known or unknown side effects and/or injuries, including but not limited to death, that I, or the person for whom I am authorized to make this request, may experience from this vaccine. This immunity means that if I file a lawsuit against KTA, the court must dismiss any such lawsuit, and the only exception to this immunity is for claims for willful misconduct. I understand that I am giving KTA permission to release any medical or other information necessary to my physician, Medicare, Medicare HMO, or insurance company, as applicable, to enable KTA to process my insurance claims with respect to the vaccination. In addition, I have received information regarding the Hawaii Immunization Registry (see attached).

Recipient/Parent/Legal Guardian/POA Name (Please Print)

Signature of Recipient/Parent/Legal Guardian/POA

Date

Vaccine Documentation (Pharmacy Use ONLY)

Vaccine	Dose #	Date Administered	Dose Size	Route/Site	Lot No.	Exp Date	Name/Title of Vaccine Administrator
Moderna COVID-19	#1		0.5 ml	IM L / R Deltoid			
	#2						

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KTA Super Stores

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Waimea Pharmacy Ph: (808) 885-0033 Fax: (808) 885-0397

Waikoloa Village Pharmacy Ph: (808) 883-8434 Fax: (808) 883-8540

Faxed _____ Eligibility _____ Billed _____

Checked _____ VAMS _____