



Moderna® COVID-19 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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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.

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.

Recipient Name _____ Date of Birth _____

Consent for Service Yes (please initial) _____

I verify that I have been provided with and have read (or had read to me) (1) the Fact Sheet for Recipients and Caregivers for the Emergency Use Authorization (EUA) of the Moderna COVID-19 vaccine (“Vaccine”); (2) this Moderna COVID-19 Vaccination Consent and Release Form; and (3) any additional information provided to me concerning COVID-19 vaccination. I acknowledge that I have had a chance to ask questions of a healthcare professional about the Vaccine. I understand that the Vaccine will be given in two separate doses, at least four weeks apart. I understand the known risks and the potential benefits of receiving the Vaccine, and I understand there may be risks to the Vaccine that are not known at this time. I understand that the FDA has authorized use of the Vaccine under an Emergency Use Authorization (EUA) and that there is currently not enough scientific evidence available for the FDA to fully approve this or any other COVID-19 vaccine. I nonetheless request and consent to the Vaccine being given to me.

Limitation of Liability Yes (please initial) _____

I understand that because this is not an FDA-approved vaccine but is being given under an FDA issued Emergency Use Authorization, CPESN Hawaii, 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 CPESN Hawaii, the court must dismiss any such lawsuit, and the only exception to this immunity is for claims for willful misconduct.

Authorization to Release Information for Medical Treatment and/or Payment Yes (please initial) _____

I understand that I am giving CPESN Hawaii permission to release any medical or other information necessary to my physician, Medicare, Medicare HMO, or insurance company, as applicable, to enable CPESN Hawaii to process my insurance claims with respect to the vaccination.

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 #2		0.5 ml	IM L / R Deltoid			