

2020-2021 COVID-19 Vaccine Administration Consent

The COVID-19 vaccination is intended to reduce the risk of a person contracting SARS-CoV-2, the virus that causes Coronavirus Disease 2019 (COVID-19). Like all medicines, no vaccine is completely effective, and it takes a few weeks after the vaccine for the body to build up protection. Some people may still get COVID-19 despite having a vaccination, but the vaccination should lessen the severity of any future infection.

The COVID-19 vaccine has been approved for use in persons aged 12 years or older, including pregnant individuals. There is limited data on the safety of the COVID-19 vaccine in pregnant and breastfeeding people at this time. The vaccine cannot give a person COVID-19 disease, and two doses will likely reduce the chance of an individual becoming seriously ill or dying from the disease. All individuals that receive the vaccine will still need to follow CDC guidance to reduce transmission of COVID-19, such as wearing a face covering when necessary, keeping social distancing, and washing hands frequently.

Vaccines can cause side effects. Most of these are mild and short-term, and not everyone gets them. Please review the product information and Fact Sheet provided for more details on the vaccine and possible side effects. Additional information can also be found on the Health and Human Services website at www.vaccines.gov/diseases/covid. You can report suspected side effects of vaccines and medicines online through the CDC's V-Safe program by registering at www.cdc.gov/vsafe.

I have read, or had explained to me, the information about the COVID-19 vaccine. I understand the risks and benefits of the vaccine, and request that the vaccine be administered to me. I further understand that record of the vaccine administration will be documented within my BCH electronic health record.

Printed Name of Patient or Responsible Party

Self/Patient Parent/Guardian Other Responsible Party

Relation to Patient

Signature of Patient or Responsible Party

____/____/_____
Date Signed

Boulder Community Health's Joint Notice of Privacy Practices is available upon request.

MR#: _____