

**Thrive Enhanced Care Pharmacy
627 South Chester Road
Swarthmore, Pa 19081**

Facility:

Patient Information		
Name:	DOB:	
Street Address:		
City:	State:	Zip:
Phone:	Email:	

Insurance Information	
Medical Insurance Company	ID#
Group #	Phone#
Prescription Insurance Company	ID#
Group#	PCN#
Medicare/Medicaid #	

COVID-19 Vaccination Consent Form

PATIENT NAME _____

DATE OF BIRTH _____

Facility _____

The COVID-19 vaccination may reduce the chance of you suffering from COVID-19 disease. Like all medicines, no vaccine is completely effective and it takes a few weeks for your body to build up protection from the vaccine. Some people may still get COVID-19 despite having a vaccination, but this should lessen the severity of any infection. It may take up to two weeks after the full, two (2) dose regimen as recommended by the manufacturer for the vaccine to be most effective. Like all medicines, vaccines can cause side effects.

There is no FDA-approved COVID-19 vaccine at this time. The FDA has made the COVID-19 Vaccine available under an Emergency Use Authorization (EUA). The EUA is used when circumstances exist to justify the use of drugs and biological products during an emergency, such as the COVID-19 pandemic. This vaccine has not completed the same type of review as an FDA-approved or cleared product. However, FDA's decision to make the vaccine available under an EUA is based on the existence of a public health emergency and the totality of scientific evidence available, showing that known and potential benefits of the vaccine outweigh the known and potential risks.

Please read the Vaccine Information Sheet(s) or patient fact sheet corresponding to the vaccine(s) you are receiving published by the vaccine's manufacturer for more details on the vaccine and possible side effects attached to this consent form.

CONSENT:

I declare that if I have any of the following conditions, I have had the opportunity to speak to my primary care provider and am making an informed decision to receive the vaccine:

- Have experienced anaphylaxis (difficulty breathing) or severe allergic reactions from a previous vaccine or injectable medication
- Have allergies or reactions to food, medications, vaccine, or latex, or carry an Epi pen for any reasons? (See the Vaccine Information Sheet(s) or patient fact sheet published by the vaccine's manufacturer for a specific list of vaccine ingredients);
- Am pregnant, attempting to become pregnant, or breastfeeding;
- Am immunocompromised or taking a medication that affects the immune system (such as cortisone, prednisone, other steroids, or anticancer drugs); drugs for the treatment of rheumatoid arthritis, Crohn's disease or psoriasis; HIV/AIDS, cancer, leukemia, ankylosing spondylitis or radiation treatment);
- Have a fever, active respiratory infection, or other moderate/severe illness

I have been provided with the Vaccine Information Sheet(s) or patient fact sheet published by the vaccine's manufacturer corresponding to the vaccine(s) I am receiving. I have read the information provided about the vaccine I am about to receive. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine and I voluntarily assume full responsibility for any reactions that may result.

I understand that the COVID-19 Vaccine is a two-part vaccine series. By signing this consent, I agree that I will receive both doses.

I understand that Martin Drugs Inc, Thrive Rx offers the Covid-19 Vaccine free of charge.

I authorize release of all information needed for public health purposes, including reporting to applicable vaccine registries.

I have been advised to wait near the location where I have been administered the COVID-19 Vaccine for 15 minutes after receiving the vaccine (or 30 minutes, if I have previously had anaphylaxis).

I understand that if I experience side effects that I should do the following: Contact my primary care doctor, or in the case of a medical emergency, I will call 911.

I CONSENT TO THE ADMINISTRATION OF THE BELOW DESIGNATED COVID-19 VACCINE SERIES.

Moderna COVID-19 Vaccine ✓
Pfizer/BioNTech

Signature: _____

Date: _____