



MODERNA COVID-19 VACCINE ADMINISTRATION  
CONSENT FORM

By signing the Moderna COVID-19 Vaccine Administration Consent Form, I acknowledge I have been provided the **"Fact Sheet For Recipients and Caregivers Emergency Use Authorization (EUA) Of The Moderna COVID-19 Vaccine To Prevent Coronavirus Disease 2019 (COVID-19) In Individuals 18 Years Of Age And Older"** which has been reviewed with me by health department nursing staff. I was provided information related to the potential benefits of receiving the vaccine along with potential risks. I have been provided verbal and written information related to potential side effects with receipt of this vaccination. I have been provided verbal and written information related to need for immediate medical follow up (call 9-1-1) if experiencing an allergic reaction after the receipt of this vaccine. I acknowledge receiving verbal and written information for optional enrollment in V-safe which is a new voluntary smartphone-based tool utilized by the CDC to monitor individuals receiving COVID-19 vaccines and provision of reminders for the second dose vaccine administration. I have been provided an opportunity to ask questions prior to receiving Moderna COVID-19 vaccine. I have not been coerced in any way to receive or decline vaccination by the Graham County Department of Public Health staff. I acknowledge an understanding of the need to receive two doses of the Moderna COVID-19 vaccine administered one month apart.

**\*Please initial your choice below\***

\_\_\_\_\_ I agree to receive the Moderna COVID-19 Vaccine.

\_\_\_\_\_ I decline receiving the Moderna COVID-19 Vaccine.

\_\_\_\_\_  
Patient / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date