MIT VACCINE CONSENT FORM

Please read this form and complete all parts

NAME: Sara Clark

EMAIL: sclark4@wellesley.edu

DATE OF BIRTH: 11/02/1999

The Pfizer-BioNTech COVID-19 vaccine made by Pfizer Inc., and BioNTech Manufacturing (the "Pfizer Vaccine") has been authorized by the United States Food and Drug Administration (FDA). The Moderna COVID-19 vaccine made by Moderna Therapeutics, Inc. (the "Moderna Vaccine") has been authorized for emergency use by the FDA, under an Emergency Use Authorization (EUA). For more information about the Pfizer Vaccine, please see the FDA factsheet. For more information about the Moderna Vaccine, please see the FDA factsheet. Either of these vaccines will be provided to you at no charge. The Pfizer Vaccine requires two (2) doses, given three weeks apart, to be effective. The Moderna Vaccine requires two (2) doses, given one (1) month apart, to be effective.

Moderna and Pfizer Vaccine side effects that have been reported in clinical trials include, but are not limited to: ***injection site reactions***, including pain, tenderness and swelling of the lymph nodes in the same arm as the injection, swelling (hardness), and redness; and ***general side effects***, including fatigue, headache, muscle pain, joint pain, chills, nausea and vomiting, and fever. There is a remote chance that either vaccine could cause a severe allergic reaction. A severe allergic reaction would usually occur within a few minutes to one hour after getting a dose of either vaccine. For this reason, MIT Medical may ask that you stay at the vaccination clinic for some period of time for monitoring after vaccination. Signs of a severe allergic reaction can include difficulty breathing, swelling of your face and throat, a fast heartbeat, a bad rash all over your body, dizziness, and weakness. If you experience a severe allergic reaction, **call 911 or go to the nearest hospital emergency department**. Call your healthcare provider if you have any side effects that bother you or do not go away.

Please respond to the following questions to determine your eligibility for vaccination.

		YES	NO
1.	Are you sick today?	○	◉
2.	Have you received any vaccinations in the past two weeks?	○	◉
3.	Have you ever had an allergic reaction to any of the components of either vaccine? *The Pfizer Vaccine contains the following ingredients:* messenger ribonucleic acid (mRNA), lipids ((4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate), 2[(polyethylene glycol)-2000]-N,N-ditetradecylacetamide, 1,2-Distearoyl-sn-glycero-3-phosphocholine, and cholesterol), potassium chloride, monobasic potassium phosphate, sodium chloride, dibasic sodium phosphate dihydrate, and sucrose. *The Moderna Vaccine contains the following ingredients:* messenger ribonucleic acid (mRNA), lipids (SM-102, polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG], cholesterol, and 1,2-distearoyl-sn-glycero-3-phosphocholine [DSPC]), tromethamine, tromethamine hydrochloride, acetic acid, sodium acetate, and sucrose.	○	◉

		YES	NO
4.	Have you ever had an anaphylactic reaction (e.g. trouble breathing, broke out in hives, had facial or tongue swelling, had low blood pressure), or had other severe symptoms after receiving another vaccination or an injectable medication (a shot given intravenously, intramuscularly, or subcutaneously)?	○	◉
5.	Do you have a history of an anaphylactic reaction to anything other than a vaccine or injectable medication (such as a reaction to food, insect stings, or oral medication)?	○	◉
6.	Have you been diagnosed with COVID-19 infection in the last 90 days?	○	◉
7.	Is it possible that you are or may become pregnant in the next four weeks, or are you currently breastfeeding?	○	◉

If you answered "YES" to any questions, please notify an MIT Medical clinical team member to discuss whether you are a candidate to receive either COVID-19 vaccine at this time.

If you answered "NO" to Questions 1–7 and are ready to receive either vaccine, please read the statements below and sign and print your name to indicate your consent.

CONSENT FOR COVID-19 VACCINE – Complete if requesting vaccination.

■ I understand that the COVID-19 vaccine is a two-part vaccine series and may include a booster vaccination. By signing this consent, I am agreeing that I will receive the first and second part of the vaccine series and, if applicable, this consent covers both parts of the vaccine administration. If receiving a booster vaccination, I agree that I am fully vaccinated and eligible to receive a booster dose.

■ I have had the opportunity to speak with a health care provider to answer any questions I may have about the vaccine.

■ I acknowledge receipt of MIT Medical's Privacy Policy.

Signature: _____ **Date:** 12/20/21

Printed Name: Sara Clark