12+

Crawford County Health Department
Moderna 2023/SPIKEVAX COVID-19 Vaccine Consent Form

Section 1: Patient Information (please print)

NAME (Last)	(First)	(M.I.)	**DATE OF BIRTH** **month_____ day_____ year _____ Age: ____**
ADDRESS			**DAYTIME PHONE NUMBER:**
CITY	**STATE**	**ZIP**	**PHYSICIAN:**
RACE (Please Circle): American Indian or Alaska Native, Asian, Black or African-American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, Other race, White, Unknown			**ETHNICITY (Please circle): Hispanic or Latino, Not Hispanic or Latino, Unknown**

	YES	NO
1. Do you feel sick today (e.g., cold, fever, acute illness)? If yes, defer vaccination until after illness.	☐	☐
2. Have you received any vaccinations in the past two weeks?	☐	☐
3. Do you have an allergy to latex or any of the ingredients of the Moderna COVID-19 vaccine? *Please see the reverse side of this form for a complete list of ingredients.*	☐	☐
4. Have you ever had a serious reaction, after receiving a vaccination? **If yes, you will need to stay 30 minutes for observation after vaccination.	☐	☐
5. Have you ever had an anaphylactic reaction at any time, including post-vaccination? **If you have had a severe allergic reaction after a previous dose of the Moderna COVID-19 vaccine, you should NOT get the vaccine.	☐	☐
6. Do you have a history of a bleeding disorder or are on a blood thinner?	☐	☐
7. Are you immunocompromised or on a medicine that affects the immune system? **If yes, a physician consult is necessary prior to taking the vaccine.	☐	☐
8. Have you had COVID-19, or received passive antibody therapy as treatment for COVID-19, within the last 90 days? **If yes, defer for 90 days from treatment.	☐	☐
9. What other COVID-19 vaccine(s) have you received ? Manufacturer:_____ Date given: month_____day_____year_____ Date given: month_____day_____year_____	☐	☐
10. I am pregnant or breastfeeding, and I have been counseled by my Obstetrician and/or Pediatrician prior to receiving the COVID-19 vaccine.	☐	☐ N/A

Section 2: Consent

CONSENT FOR VACCINATION:

- **I GIVE CONSENT** to Crawford County Health Department (CCHD) and its staff to vaccinate me with this vaccine. I will not hold Crawford County Health Department or the individual vaccinating me responsible for any adverse reaction that may result from this vaccination.
- I have read the Fact Sheet for Moderna COVID-19 vaccine (09/2023) and understand the risks and benefits.
- I consent to allow Crawford County Health Department to release information regarding my vaccinations to my physician and the Illinois Comprehensive Automated Immunization Registry Exchange (I-CARE). I authorize CCHD to enter my personal information into NueMD (billing software) and release service related information to third party payers and to bill for services rendered to me if applicable. I request my payer to pay CCHD directly for services rendered to me. I have been provided with Notice of Privacy Practices.
- I understand that I must stay for an observation of 15 or 30 minutes as instructed by the vaccine administrator.

Signature: _____

Date: **month_____day_____year_____**

FOR ADMINISTRATIVE USE ONLY

Date Dose Administered	Route	Site	Vaccine Manufacturer	Lot Number/ Expiration Date	Name and Title of Vaccine Administrator
	IM 0.5 ml	R Deltoid L Deltoid	Moderna 2023	Lot #:____ Expiration Date: __	

Insurance Information: ****PLEASE PRESENT INSURANCE CARD(S) TO CLERK ****
Primary Insurance Information

Medicare Part B-Primary ID# _____
Write name exactly how it appears on Medicare card
_____

Insurance Co.: _____ ID#: _____
Group#: _____
Name of Policyholder: _____ Date of Birth:
_____/_____/_____
Social Security #: _____-_____-_____
Address of Policyholder (if different from patient):
_____

Do you also have Medicaid? Y or N If Yes, do you pay a premium? Y or N
If, Y enter Medicaid ID # _____ (9-digit number beside name on Medicaid card)

Do you have Secondary Ins? Y or N If Yes Ins. Co _____

 # 3 Continued from front:

Each 0.5 mL dose of SPIKEVAX (2023-2024 Formula) contains 50 mcg nucleoside-modified messenger RNA (mRNA) encoding the pre-fusion stabilized Spike glycoprotein (S) of the SARS-CoV-2 Omicron variant lineage XBB.1.5. Each dose also contains the following ingredients: a total lipid content of 1.01 mg (SM-102, polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG], cholesterol, and 1,2-distearoyl-sn-glycero-3-phosphocholine [DSPC]), 0.25 mg tromethamine, 1.2 mg tromethamine hydrochloride, 0.021 mg acetic acid, 0.10 mg sodium acetate trihydrate, and 43.5 mg sucrose.

Moderna COVID-19 Vaccine, 2023 does not contain a preservative.

The vial stoppers are not made with natural rubber latex.