

COVID-19 VACCINE DATA COLLECTION AND CONSENT FORM
PLEASE PRINT CLEARLY

Demographics

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: _____ Cell Phone Number: _____

Email Address: _____ Home Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

For minor children: I, the above named Parent / Legal Guardian, declare that I am the: (Check information that applies)

Custodial Parent Court-Appointed Legal Guardian

Employer (if any): _____ Employee ID Number (if Saint Francis employee): _____

Sex:	Ethnicity:	Race:	
<input type="checkbox"/> Male	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Caucasian
<input type="checkbox"/> Female	<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Unknown	<input type="checkbox"/> Black or African- American	<input type="checkbox"/> Unknown
		<input type="checkbox"/> Native Hawaiian or Pacific Islander	

Vaccine Screening Questions

1. Do you have a history of severe allergic reactions to food, medications or allergens? <i>If yes, see back of this form for more information</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Do you have a history of severe allergic reaction to any component of the COVID-19 Vaccine? <i>See back of this form and the manufacturers Fact Sheet (attached) for more information on ingredients in the vaccine.</i> DO NOT TAKE THE VACCINE IF YOUR ANSWER IS YES!	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Have you been treated with convalescent plasma or monoclonal antibodies for COVID-19 in previous 90 days? DO NOT TAKE THE VACCINE IF YOUR ANSWER IS YES!	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Are you currently Pregnant? <i>If yes, see back of this form for more information.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
5. Are you currently breastfeeding? <i>If yes, see back of this form for more information.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
6. Have you received any COVID-19 vaccine before today? If Yes: Provide the date of administration: _____ Identify the manufacturer: _____ Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Janssen* <input type="checkbox"/> Other _____ Location of administration: _____ IF MODERNA OR PFIZER, YOU MUST RECEIVE VACCINE FROM THE SAME MANUFACTURER FOR DOSE #2. * If yes to the Janssen vaccine, a second dose is not to be given	Yes <input type="checkbox"/> No <input type="checkbox"/>

Attestation: Read Fact Sheet included with this Consent before signing below.

I have read the Fact Sheet for the vaccine that I or my minor child is receiving that is included with this form or I have had it explained to me. I understand the risk and benefits of the vaccine and have had the opportunity to have any of my questions answered. I understand that there is no FDA vaccine approved to prevent COVID-19. I further understand the vaccine is authorized for emergency use only because it may prevent COVID-19. I give consent to Saint Francis Health System, its subsidiaries, agents, and staff ("Saint Francis") to vaccinate me and/or my minor child and to release information to the Oklahoma State Immunization Information system and as otherwise required by law. I release Saint Francis from any and all liability arising from or related to the administration of this vaccine.

Signature (vaccine recipient) _____ Signature Date: _____

If Applicable, paperwork authorizing the patient representative to consent on behalf of the patient has been provided to Saint Francis.

Signature of patient representative/parent/legal guardian: _____ Signature Date: _____

Additional information for questions 1, 2, 3, and 4 from the front page of this form.

1. Do you have a history of severe allergic reactions to food, medications, or allergens?

You should not receive either of the mRNA COVID-19 vaccines if:

- Severe allergic reaction (e.g., anaphylaxis) after a previous dose of an mRNA COVID-19 vaccine or any of its components
- Immediate allergic reaction[‡] of any severity to a previous dose of an mRNA COVID-19 vaccine or any of its components (including polyethylene glycol)
- Immediate allergic reaction of any severity to polysorbate

You should not get the Janssen COVID-19 vaccine if you have had a severe allergic reaction to any ingredient in this vaccine.

2. Are you currently pregnant?

All pregnancies have a risk of birth defect, loss, or other adverse outcomes. In the US general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2% to 4% and 15% to 20%, respectively. Available data on Pfizer-BioNTech COVID-19 Vaccine, Moderna COVID-19 Vaccine and Janssen COVID-19 Vaccine administered to pregnant women are insufficient to inform vaccine-associated risks in pregnancy.

3. Are you currently breastfeeding?

Data are not available to assess the effects of Pfizer-BioNTech COVID-19 Vaccine on the breastfed infant or on milk production/excretion.

4. Do you have a history of severe allergic reactions to any component of the COVID-19 Vaccines?

Pfizer:

Each dose of the Pfizer-BioNTech COVID-19 Vaccine also includes the following ingredients: lipids (0.43 mg (4-hydroxybutyl)azanediyl)bis(hexane-6, 1-diyl)bis(2-hexyldecanoate), 0.05 mg 2[(polyethylene glycol)-2000]-N, N-ditetradecylacetamide, 0.09 mg 1,2-distearoyl-sn-glycero-3-phosphocholine, and 0.2 mg cholesterol), 0.01 mg potassium chloride, 0.01 mg monobasic potassium phosphate, 0.36 mg sodium chloride, 0.07 mg dibasic sodium phosphate dehydrate, and 6 mg sucrose. The diluent (0.9% Sodium Chloride Injection, USP) contributes an additional 2.16 mg sodium chloride per dose. The Pfizer-BioNTech COVID-19 Vaccine does not contain preservative. The vial stoppers are not made with natural rubber latex.

Moderna:

Each dose of the Moderna COVID-19 Vaccine contains the following ingredients: a total lipid content of 1.93 mg (SM-102, polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG], cholesterol, and 1,2-distearoyl-sn-glycero-3-phosphocholine [DSPC]), 0.31 mg tromethamine, 1.18 mg tromethamine hydrochloride, 0.043 mg acetic acid, 0.12 mg sodium acetate, and 43.5 mg sucrose.

Janssen:

The Janssen COVID-19 Vaccine includes the following ingredients: recombinant, replication-incompetent adenovirus type 26 expressing the SARS-CoV-2 spike protein, citric acid monohydrate, trisodium citrate dihydrate, ethanol, 2-hydroxypropyl- β -cyclodextrin (HBCD), polysorbate-80, sodium chloride.