



COVID-19 Vaccination Acknowledgment

Acknowledgments

I understand that the COVID-19 vaccine I will receive requires two doses from the same manufacturer where the first dose shall be administered today, and I shall return for my second dose after 28 days or the soonest possible time after 28 days.

I hereby give my consent to the administration of a COVID-19 vaccine to me and I acknowledge the following:

- I have received, read or it has been read to me, and I understand the Emergency Use Authorization (EUA) Fact Sheet with regard to COVID-19 Vaccine (the "Fact Sheet").
- The U.S. Food and Drug Administration (FDA) has authorized the use of Pfizer BioNTech COVID-19 vaccine which has been approved, and the emergency use of the Moderna COVID-19 vaccine, which is not an FDA-approved vaccine.
- I understand that there are potential risks and benefits to the COVID-19 vaccine and that there are likewise unknown risks and benefits.
- I understand that the administration of the COVID-19 vaccine to me is not mandatory. I understand that I may decline the receiving of the vaccine.

Following the pronouncements above, I hereby declare that I am of legal age and have had the opportunity to ask questions, and by which all my inquiries and concerns were provided with answers that satisfy me. and acknowledge, by signing this form to the receiving of the COVID-19 vaccine.

Disclosure of Records: I understand the organization providing my vaccine may be required to or may voluntarily disclose my vaccine-related health information to my primary care physician, my insurance plan, health systems and hospitals, and state or federal registries or other public health authorities, for purposes of treatment, payment or health care operations. I also understand the organization providing my vaccine will use and disclose my health information as described in its Notice of Privacy Practices which I may receive upon request or find on its website.

Vaccine

Patient Signature

Date

If the Patient is under age of 18, parent, guardian or authorized representative signature is required.

Guardian Signature

Relation to the Patient



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