

**COVID-19 VACCINATION  
CONSENT FORM**

**COVID-19 VACCINE:**

COVID-19 vaccines will help prevent disease that can be dangerous, or even deadly. Authorization for approved vaccines will help reduce the risk of disease by working with the body's natural defenses to safely develop protection (immunity) to disease. COVID-19 vaccines help develop immunity to the virus that causes COVID-19 without us having to get the illness. It typically takes a few weeks for the body to develop immunity to the virus after vaccination. Therefore, it is possible that a person could be infected with the virus that causes COVID-19 just before or just after vaccination and then get sick because the vaccine did not have enough time to provide protection.

Sometimes after vaccination, the process of building immunity can cause symptoms, such as fever. These symptoms are normal and are a sign that the body is building immunity. The vaccine is NOT a live virus and will not give you COVID-19.

**RISK & POSSIBLE SIDE EFFECTS:**

COVID-19 vaccines have shown to generally cause only mild side effects. Most commonly, reactions may be soreness or tenderness at the injection site, fever, chills, fatigue, headaches or muscle aches. These effects usually last 24 to 48 hours. There is a possibility, as with any vaccine or drug, that an allergic or other serious reaction, or even death, could occur. Moreover, medical events completely unrelated to vaccine administration may occur coincidentally in the period following vaccination.

**SPECIAL NOTICE: At this time, the Johnson and Johnson/Janssen COVID-19 Vaccine is recommended for individuals 18 years of age and older.** See FDA EUA Patient Fact Sheet for a full list of contraindications and precautions. If any category applies to you, please notify the staff. If you have any questions, please ask now, or check with your physician or health department before receiving a vaccine.

**IF YOU EXPERIENCE ANY SIGNIFICANT REACTIONS, CONTACT YOUR PHYSICIAN.**

I have read the above information about COVID-19 and the COVID-19 Emergency Use Authorization (EUA) patient fact sheet with patient education information, and I have had a chance to ask questions. I understand the benefits and risks of the COVID-19 vaccination, and request that the vaccine be given.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(print)

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ONLY MEDICARE PATIENTS ARE REQUIRED TO SIGN THIS FORM:**

**Statement of Permit Payment of Medicare Benefits to  
Provider and Patient—Assignment of Benefits**

Beneficiary Name: \_\_\_\_\_ Medicare #: \_\_\_\_\_

I request that payment of authorized Medicare benefits be made either to me or on my behalf for any services furnished me by Autauga Pharmacy. I authorize any holder of medical or other information about me to release to the Center for Medicare & Medicaid Services and its agents any information needed to determine these benefits for related services.

I attest to be offered the patient Bill of Rights, Quality Standards and Supplier Standards, and to being made aware of any product warranty that is available.

Item(s)/Service(s) Provided:

(1) Janssen Covid 19 Vaccination

Beneficiary Signature: \_\_\_\_\_ Date: \_\_\_\_\_