COVID-19 Bivalent BOOSTER Consent Form and Record

Must be 12 years of age or older

Must remain in pharmacy for 15 minutes after injection

Aston Pharmacy Home Health Center
"Where caring is the heart of our business"

PERSONAL INFORMATION

PATIENT NAME:

DATE OF BIRTH: Phone#

ADDRESS:

Email:

ALLERGIES/MEDICAL ALERT:

SCREENING QUESTIONS:

This consent is for the UPDATED BOOSTER shot only.
You must have completed a PRIMARY SERIES of COVID vaccine AND
be at least two months out from your last dose of any COVID vaccine to receive an UPDATED BOOSTER.
This is a single booter shot only.

1. Are you feeling sick today?	☐ YES ☐ NO
2. Have you completed the PRIMARY series of COVID monovalent vaccines? This is either 2 doses of an mRNA vaccine (Pfizer or Moderna) or one shot of J&J vaccine or other approved vaccine.	☐ YES ☐ NO If NO – stop here.
3. Have you received a BOOSTER shot of COVID monovalent vaccine?	☐ YES ☐ NO
4. Has it <u>been at least 2 months</u> since you received your most recent COVID vaccination? I received my most recent dose of COVID monovalent vaccine on ___/___/____	☐ YES ☐ NO
5. Have you ever had an allergic reaction to: (includes a severe allergic reaction (eg. Anaphylaxis) that required treatment with EpiPen or caused you to go to the hospital OR occurred within 4 hrs and caused hives, swelling or respiratory distress/wheezing).	
• A component of the COVID-19 vaccine, including polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures OR Polysorbate	☐ YES ☐ NO
• A previous dose of COVID-19 vaccine or another vaccine?	☐ YES ☐ NO
6. Have you ever had a severe allergic reaction (eg. Anaphylaxis) to something else, such as food, pet, environmental, or oral medication allergies.	☐ YES ☐ NO
7. Have you received any vaccine within the last 14 days?	☐ YES ☐ NO
8. Have you ever had a positive test for COVID or had a doctor tell you that you had COVID?	☐ YES ☐ NO
9. Do you have a bleeding disorder or are you taking a blood thinner?	☐ YES ☐ NO
10. FEMALES: Are you pregnant or breastfeeding?	☐ YES ☐ NO

- You must wait at least 2 months since your last COVID shot to get this UPDATED BOOSTER.

I have been given the Fact Sheet for Recipients &Caregivers and HIPAA. I have read these documents and have no further questions. I understand the risks & benefits & voluntarily consent to receiving the COVID-19 bivalent vaccine. I acknowledge that no guarantees have been made concerning the vaccine's success. I understand the possible side effects & precautions that should be considered prior to getting the vaccine and consent to emergency treatment if needed. I agree to provide my insurance information, if I have insurance coverage, for the billing of the administration of the vaccine only.

Patient Signature: Date:

Vaccine	*Manufacturer*	*EUA Factsheet*	*Lot#*	*Exp Date*	*Site/Route*	*Dosage Vol*
COVID-19 Bivalent	Moderna	08/31/22			LD IM RD IM	0.5 mL

Immunizer Signature: Admin Date:

For office use only:

____ *Billed* ____ *Scanned* ____ *PA SIIS* 11/07/22