



COVID-19 Vaccine Screening Tool & Consent

The U.S. Food and Drug Administration (FDA) has issued an Emergency Use Authorization (EUA) to permit the emergency use of the unapproved product, Moderna COVID-19 Vaccine, for active immunization to prevent coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in individuals 18 years of age and older.

Each dose of the Moderna COVID-19 Vaccine contains the following ingredients: mRNA, lipids (SM-102, polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG], cholesterol, and 1,2-distearoyl-sn-glycero-3-phosphocholine [DSPC]), tromethamine, tromethamine hydrochloride, acetic acid, sodium acetate, and sucrose.

Exclusion Criteria (EUA Contraindications)

- Known history of a severe allergic reaction to any component of Moderna COVID-19 vaccine
- Known allergic reaction to Moderna COVID-19 vaccine
- Age <18 years

Not recommended at this time (Waiting on ACIP recommendations)

- Pregnant or lactating
- Previous severe allergic reaction to any other vaccine
- Participation in any COVID-19 Vaccine trial
- Has tested positive for COVID-19

Screening Checklist for Contraindications

	Y	N	I don't know
1. Are you sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have allergies to medications, food, a vaccine component, or latex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had a serious reaction after receiving a vaccination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. In the past 3 months, have you taken medications that affect your immune system, such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or have you had radiation treatments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. For women: Are you pregnant or is there a chance you could become pregnant during the next month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you received any vaccinations in the past 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Patient name (please print): _____

Date: _____

Reviewed by: _____

Date: _____

Adopted from CDC <https://www.immunize.org/catg.d/p4065.pdf>

I understand Moderna COVID-19 Vaccine is available under emergency use authorization for active immunization to prevent COVID-19 in individuals 18 years of age and older. Signature: _____

I hereby certify that I have been provided the "Fact Sheet for Recipients and Caregivers" as required by Emergency Use Authorization (EUA) granted to Moderna COVID-19 Vaccine. Signature: _____

I hereby release Russellville Hospital, and employees from responsibility for any adverse conditions resulting from the administration Moderna COVID-19 Vaccine. Signature: _____

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