TEMPLATE ONLY

This template is not legal advice. Talk to your attorney for guidance.

# Vaccin COVID-19 : test et consentement

Les informations recueillies dans ce formulaire serviront à documenter que vous avez reçu au moins une vaccination. Les informations sur vos vaccins peuvent être partagées via la Minnesota Immunization Information Connection (Coordination communautaire de la vaccination, MIIC) avec d'autres prestataires de soins de santé, écoles, services de santé et autres personnes autorisées par la loi à les obtenir. Si vous avez des questions, veuillez les poser à votre médecin ou à tout autre prestataire de soins. Si vous avez des questions sur MIIC, consultez la [coordination communautaire de la vaccination de l'État du Minnesota (MIIC) à l'adresse www.health.state.mn.us/people/immunize/miic/public.html](http://www.health.state.mn.us/people/immunize/miic/public.html) ou appelez le 1-800-657-3970.

**Attribution des prestations et responsabilités pour le paiement** : Ceci nous permet de facturer votre assurance médicale ou votre entreprise et de recevoir le paiement directement.

J'autorise ce prestataire de soins de santé à facturer mon assurance médicale ou d'autres organismes payeurs en mon nom et à recevoir le paiement des prestations autorisées.

## Coordonnées - personne vaccinée

Nom du patient (nom, prénom, second prénom) :

Date de naissance :

Âge :

Numéro de téléphone principal :

Adresse (rue ou boîte postale) :

Ville :

État :

Code postal :

Nom de la mère (nom, prénom, deuxième prénom - si moins de 18 ans) :

Nom de jeune fille de la mère (si moins de 18 ans) :

## Informations pour le paiement

N'oubliez pas d'apporter votre carte d'assurance!

**Assureur principal** :

Numéro de police/identité (ID)/participant :

Numéro de groupe :

**Assureur secondaire** :

Numéro de police/identité (ID)/participant :

Numéro de groupe :

**Assuré, si celui-ci est différent de la personne qui se fait vacciner :**

Nom :

Date de naissance :

Paiement par l'entreprise :

Nom de l’entreprise :

[ ]  Cochez ici si la personne qui se fait vacciner n'a pas d'assurance.

## Consentement

En signant ci-dessous, je comprends, reconnais, approuve et accepte que :

* J'ai reçu et lu, ou on m'a expliqué la fiche d'autorisation d'utilisation d'urgence du vaccin COVID-19 suivant : [Insérer le nom du produit vaccinal].
* J'ai pu poser mes questions et on m'a répondu de manière satisfaisante, et je comprends les avantages et les risques du vaccin COVID-19 tels que décrits.
* J'accepte de recevoir le vaccin COVID-19 pour moi-même ou pour la personne nommée ci-dessus.

Signature du patient ou du parent/tuteur :

Date : / /

## Antécédents médicaux

Si vous répondez oui à l'une de ces questions, la personne qui administrera le vaccin peut avoir besoin de plus d'informations de votre part avant de vous vacciner :

| **Oui** | **Non** | **Je ne sais pas** | **Question** |
| --- | --- | --- | --- |
| Oui | Non |  | Avez-vous l’âge recommandé pour recevoir le vaccin contre la COVID-19 ?* Vaccin Pfizer-BioNTech : être âgé de plus de 6 mois.
* Vaccin Moderna : être âgé de plus de 6 mois.
* Vaccin Novavax : vous devez être âgé(e) de 12 ans ou plus.
 |
| Oui | Non | Ne sais pas | Êtes-vous atteint(e) d'une infection par le VIH, ou immunodéprimé(e) ou prenez-vous des médicaments ou des traitements immunosuppresseurs ? |
| Oui | Non | Ne sais pas | Réaction allergique sévère (par exemple, anaphylaxie) après une dose précédente ou à un composant du vaccin COVID-19 ? |
| Oui | Non | Ne sais pas | Avez-vous déjà eu une réaction allergique et immédiate non grave (dans les 4 heures suivantes) suite à une dose de vaccin contre la COVID-19 ou une allergie connue (diagnostiquée) à un composant du vaccin ou à l’un de ses ingrédients ? |
| Oui | Non | Ne sais pas | Avez-vous déjà eu une réaction allergique et immédiate à tout autre vaccin (non-COVID-19) ou médicament injectable (p. ex., piqûres dans le muscle (intramusculaire), dans la veine (intraveineuse) ou dans le tissu adipeux (sous-cutané) ? N'inclut pas les injections contre les allergies. |
| Oui | Non | Ne sais pas | Vous sentez-vous malade aujourd'hui ? |
| Oui | Non | Ne sais pas | Avez-vous contracté le syndrome inflammatoire multisystémique après avoir été atteint de la maladie COVID-19 ? |
| Oui | Non | Ne sais pas | Avez-vous des antécédents de myocardite ou de péricardite après avoir reçu une dose du vaccin Moderna, Pfizer-BioNTech ou Novavax COVID‑19 ? |
| Oui | Non | Ne sais pas | Avez-vous reçu d'autres vaccins au cours des 4 dernières semaines ? |
| Oui | Non | Sans objet | Avez-vous déjà reçu une dose de vaccin contre la COVID-19 ? Si oui, indiquez le produit vaccinal et la date de vaccination : |

**NE RIEN ECRIRE SOUS CETTE LIGNE**

## Vaccine information

| **COVID-19 Vaccine Presentation1** | **EUA Fact Sheet Date** | **Route2** | **Manufacturer3** | **Lot Number** | **Admin Site4** | **Person Admin5** |
| --- | --- | --- | --- | --- | --- | --- |
| COVID-19 Comirnaty (Pfizer) 12 years and older (gray cap), 0.3 mL |  | IM | PFR |  |  |  |
| COVID-19 Pfizer 5-11 years (blue cap), 0.3 mL |  | IM | PFR |  |  |  |
| COVID-19 Pfizer 6 months – 4 years (yellow cap), 0.3 mL |  | IM | PFR |  |  |  |
| COVID-19 Spikevax (Moderna) 12 years and older (blue cap/blue label), 0.5 mL |  | IM | MOD |  |  |  |
| COVID-19 Moderna 6-11 years (blue cap/green label), 0.25 mL  |  | IM | MOD |  |  |  |
| COVID-19 (Novavax), 0.5 mL |  | IM  | NVX |  |  |  |

1. **COVID-19 Vaccine Presentation** = lists specific product name (e.g., Pfizer, Moderna, Novavax, etc.)
2. **Route:** IM = Intramuscular
3. **Manufacturer:** MOD = Moderna, PFR = Pfizer, NVX= Novavax
4. **Site Vaccine Given:** LD = Left Deltoid, RD = Right Deltoid, LT = Left Thigh, RT = Right Thigh
5. **Signature or initials of person administering vaccine:** Can be used if more than one person is administering vaccines.

Signature and title of person administering vaccine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date administered: \_\_\_/\_\_\_/\_\_\_\_\_\_\_\_

## Information for health care professionals about the pre-vaccination form for COVID-19 vaccine

[For health care providers, not for the patient]

This information is derived from the [CDC: Use of COVID-19 Vaccines in the United States (www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html)](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html). We will reference this document as CDC’s Interim Clinical Considerations below and note specific sections where information can be found.

### Age

Follow recommendations for vaccine administration to authorized age groups found under each vaccine product’s emergency use authorization (EUA) or package insert. For Moderna, Novavax and Pfizer-BioNTech COVID-19 vaccine primary series doses, an 8-week interval is suggested between dose one and two for immunocompetent people 6 months to 64 years of age, and especially males 12-39 years.

Immediate allergic reaction

An immediate allergic reaction to a vaccine or medication is defined as any hypersensitivity-related signs or symptoms such as urticaria (hives), angioedema (painless swelling under the skin, often happens with hives), respiratory distress (e.g., wheezing, stridor), or anaphylaxis that occur within four hours following administration.

### Have you had a severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine?

CDC considers this to be a contraindication to vaccination with COVID-19 vaccines. People with an allergy-related contraindication to one type of COVID-19 vaccine have a contraindication or precaution to the other types of COVID-19 vaccines. For additional details, refer to the following sections of CDC’s Interim Clinical Considerations: Contraindications and precautions and Appendix E: Triage of people with a history of allergies or allergic reactions. For a full list of ingredients included in COVID-19 vaccines, refer to [FDA: COVID-19 Vaccines (www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines)](https/www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines) and [CDC: U.S. COVID-19 Vaccine Product Information (www.cdc.gov/vaccines/covid-19/info-by-product/index.html)](https://www.cdc.gov/vaccines/covid-19/info-by-product/index.html).

### Have you had an immediate, non-severe allergic reaction to a previous dose or known (diagnosed) allergy to a component of the COVID-19 vaccine or any of its ingredients?

CDC considers this to be a precaution to vaccination with COVID-19 vaccines. Non-severe allergic reactions may include urticaria (hives) beyond the injection site and angioedema (visible swelling) involving lips, facial skin, or skin in other locations. Angioedema affecting the airway (e.g., tongue, uvula, or larynx) would be a **severe** allergic reaction. For additional details, refer to the following sections of CDC’s Interim Clinical Considerations: Contraindications and precautions and Appendix E: Triage of people with a history of allergies or allergic reactions. For a full list of ingredients included in COVID-19 vaccines, refer to COVID-19 vaccine-specific [FDA: COVID-19 Vaccines](https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines) and [U.S. COVID-19 Vaccine Product Information](https://www.cdc.gov/vaccines/covid-19/info-by-product/index.html).

### Immediate allergic reaction to any other vaccines (non-COVID-19) or injectable therapy (intramuscular, intravenous, or subcutaneous)? Does not include allergy shots.

People with a history of an immediate allergic reaction to a non-COVID-19 vaccine or injectable therapy that contains multiple components, one or more of which is a component of a COVID-19 vaccine, but it is unknown which component elicited the allergic reaction, have a precaution to vaccination with that COVID-19 vaccine. These people may benefit from consultation with an allergist-immunologist who can perform a more detailed risk assessment for COVID-19 vaccine receipt and possibly allergy testing. For additional details, refer to the following sections of CDC’s Interim Clinical Considerations: Contraindications and precautions and Appendix E: Triage of people with a history of allergies or allergic reactions.

### Are you feeling sick today?

There is no evidence that someone who is sick when vaccinated will decrease the vaccine’s effectiveness or increase vaccine adverse events. If a person has COVID-19 symptoms, they should isolate following current guidelines, get tested, and if necessary, seek medical care. As a precaution, when someone is moderately to severely ill, all vaccines should be delayed until the illness has improved. A person who is mildly ill (e.g., diarrhea, upper respiratory infection, etc.), can still receive a vaccine, including people who are taking an antibiotic.

People should be offered vaccination regardless of their history of symptomatic or asymptomatic COVID-19 infection, including people with prolonged post-COVID-19 symptoms. Vaccination of people with known current COVID-19 infection should be deferred until at least the person has recovered from the acute illness (if the person had symptoms) and they have met criteria to discontinue isolation. This recommendation applies to people who experience COVID-19 infection before receiving any COVID-19 vaccine dose. For details, including additional information on delaying vaccine doses, refer to the following section of CDC’s Interim Clinical Considerations: COVID-19 vaccination and SARS-CoV-2 infection.

### Have a history of Multisystem Inflammatory Syndrome after SARS-CoV-2 infection?

Given the lack of data on the safety of COVID-19 vaccines in people with a history of MIS-C and MIS-A, a conversation between the patient, their guardian(s), and their clinical team or a specialist (e.g., specialist in infectious diseases, rheumatology, or cardiology) is strongly encouraged to assist with decisions about the use of COVID-19 vaccines. Additional details can be found in the following section of CDC’s Interim Clinical Considerations: COVID-19 vaccination and MIS-C and MIS-A section.

### Have a history of myocarditis or pericarditis after a previous dose of Moderna, Pfizer-BioNTech, or Novavax COVID-19 vaccine?

CDC considers this to be a precaution to vaccination with mRNA COVID-19 vaccines (i.e., Moderna or Pfizer-BioNTech) or Novavax COVID-19 vaccine. Refer to their primary care provider to receive an assessment of their current health condition and assessment of individual benefits and risks. For more details, refer to the following section of CDC’s Interim Clinical Considerations: COVID-19 vaccination and myocarditis and pericarditis.

### Have you had any other vaccinations in the last 4 weeks?

Because of the observed risk for myocarditis after receipt of ACAM2000 orthopoxvirus vaccine and mRNA (i.e., Moderna and Pfizer-BioNTech) and Novavax COVID-19 vaccines and the unknown risk for myocarditis after JYNNEOS, people, particularly adolescent or young adult males, might consider waiting 4 weeks after orthopoxvirus vaccination (either JYNNEOS or ACAM2000) before receiving a Moderna, Novavax, or Pfizer-BioNTech COVID-19 vaccine. However, if an orthopoxvirus vaccine is recommended for prophylaxis in the setting of an outbreak, orthopoxvirus vaccination should not be delayed because of recent receipt of a Moderna, Novavax, or Pfizer-BioNTech COVID-19 vaccine; no minimum interval between COVID-19 vaccination with these vaccines and orthopoxvirus vaccination is necessary.

### Have you ever received a dose of COVID-19 vaccine?

Refer to the following sections of CDC’s Interim Clinical Considerations: COVID-19 vaccination overview and timing, spacing and interchangeability. Verify a person’s age, what vaccine they have received, and the date(s) of prior dose(s) to assure the correct vaccine product and dose interval is used.

### Other considerations

* **Chronic health condition** – is not a contraindication or precaution for vaccination.
* **Immunocompromised conditions** (e.g., HIV infection, immunosuppressive medications, or therapies, etc.) – immunocompromised people age 6 months and older should receive a COVID-19 vaccine series as soon as possible. They should be counseled regarding the potential for reduced immune responses and that the vaccine may not fully protect them. People need to continue to follow current guidance to protect themselves.
	+ **Moderately or severely immunocompromised** – Because the immune response following COVID-19 vaccination may differ in moderately or severely immunocompromised people, CDC has specific guidance for this population. For more details refer to the following sections of the CDC’s Interim Clinical Considerations for Use of COVID-19 Vaccines: COVID-19 Vaccines, Recommendations, and Schedule for People who are moderately or severely immunocompromised.
* **Bleeding disorder or are taking a blood thinner** – recommended to use a fine-gauge needle (23 gauge or smaller) for the vaccination, followed by firm pressure on the site, without rubbing, for at least 2 minutes.
* **Dermal filler(s)** – advise to contact their health care provider for evaluation if they develop swelling at or near the site of dermal filler following vaccination. For additional details, refer to the following section of CDC’s Interim Clinical Considerations: Special Populations.
* **Pregnant** – Both CDC and ACOG urge that pregnant people be vaccinated. Pregnant and recently pregnant people with COVID-19 are at increased risk for severe illness when compared with non-pregnant people. Early data supports that vaccination is well-tolerated and elicits a protective immune response. For details, refer to the following section of CDC’s Interim Clinical Considerations: Consideration involving pregnancy, lactation, and fertility.
* **Passive antibody therapy for prevention or treatment for COVID-19** – COVID-19 vaccination can be given at any time following receipt of antibody products as part of COVID-19 treatment, post-exposure prophylaxis, or pre-exposure prophylaxis once the isolation or quarantine period has been completed. For details, refer to the following section of CDC’s Interim Clinical Considerations: COVID-19 vaccination and SARS-CoV-2 infection.
* **COVID-19 vaccines and myocarditis and pericarditis** – Ongoing safety monitoring of the mRNA and Novavax COVID-19 vaccines has found increased risks of myocarditis and pericarditis, predominantly in males 12-39 years of age within the first week of receiving the second dose.

An 8-week interval between the first and second doses of an Moderna, Pfizer-BioNTech, and Novavax COVID-19 vaccine primary series may be optimal for some people ages 6 months–64 years, especially for males ages 12–39 years, as it may reduce the small risk of myocarditis/pericarditis associated with mRNA and Novavax COVID-19 vaccines.

Clinicians should consult the following section of CDC’s Interim Clinical Considerations for Use of COVID-19 Vaccines: Safety considerations for COVID-19 vaccines or the [CDC: Clinical Considersations: Myocarditis and Pericarditis after Receipt of mRNA COVID-19 Vaccines (www.cdc.gov/vaccines/covid-19/clinical-considerations/myocarditis.html)](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/myocarditis.html) when deciding whether to administer aCOVID-19 vaccine to someone with a history of myocarditis or pericarditis or when a patient presents with symptoms of myocarditis or pericarditis.

Find EUA fact sheets for health care providers and recipients and caregivers at [FDA: COVID-19 Vaccines (www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines)](https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines).

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