

CONSENT FOR ADMINISTRATION OF COVID-19 VACCINE

I have been offered a COVID-19 Vaccine.

The following information has been communicated to me:

- The FDA has authorized the emergency use of the COVID-19 Vaccine, which is not an FDA-approved vaccine.
- I have the option to accept or refuse the COVID-19 Vaccine.
- The significant known and potential risks and benefits of the COVID-19 Vaccine, and the extent to which such risks and benefits are unknown.
- Information about available alternative vaccines and the risks and benefits of those alternatives.

I have received the Fact Sheet for Recipients and Caregivers Emergency Use Authorization (EUA) of the COVID-19 Vaccine to Prevent Coronavirus Disease 2019 (COVID-19) that describes the vaccine that I will receive.

I understand that this vaccine requires two doses, and that I must return to the place instructed to receive the second dose on the date listed on my vaccination card.

I have had the opportunity to ask questions about this vaccine and questions have been answered to my satisfaction. I understand that the COVID-19 Vaccine may not protect everyone, and that the duration of protection against COVID-19 is currently unknown.

I have read and fully understand this form, and consent to the administration of the COVID- 19 Vaccine.