



## Attestation for Administration of COVID-19 Vaccine Per Emergency Use Authorization

Full Legal Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

The following questions will help us determine if there is any reason you should not get the COVID-19 vaccine today. **If you answer “yes” to any question, it does not necessarily mean you should not be vaccinated.** It just means additional questions may be asked. If a question is not clear, please ask your healthcare provider to explain it.

- 1. Are you feeling sick today?  Yes  No  Don't Know \_\_\_\_\_
- 2. Have you ever received a dose of COVID-19 Vaccine?  Yes  No  Don't Know \_\_\_\_\_

If yes, which vaccine product?  Pfizer  Moderna  Johnson & Johnson  Another product (noted on vaccine card)

- 3. Have you ever had an allergic reaction to: (This would include a severe allergic reaction (e.g., anaphylaxis) that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction the occurred within 4 hours that caused hives, swelling, or respiratory distress, including wheezing.)
  - a. 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  Yes  No  Don't Know \_\_\_\_\_
  - b. Polysorbate  Yes  No  Don't Know \_\_\_\_\_
  - c. A previous dose of COVID-19 vaccine  Yes  No  Don't Know \_\_\_\_\_
- 4. Have you ever had an allergic reaction to another vaccine (other than COVID-19 vaccine) or an injectable medication? (This would include a severe allergic reaction (e.g., anaphylaxis) that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that occurred within 4 hours that caused hives, swelling, or respiratory distress, including wheezing.)  Yes  No  Don't Know \_\_\_\_\_
- 5. Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something other than a component of COVID-19 vaccine, polysorbate, or any vaccine or injectable medication? This would include food, pet, environmental, or oral medication allergies.  Yes  No  Don't Know \_\_\_\_\_
- 6. Have you received any vaccine in the last 14 days?  Yes  No  Don't Know \_\_\_\_\_
- 7. Have you ever had a positive test for COVID-19 or has a doctor ever told you that you had COVID-19?  Yes  No  Don't Know \_\_\_\_\_
- 8. Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19?  Yes  No  Don't Know \_\_\_\_\_
- 9. Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies?  Yes  No  Don't Know \_\_\_\_\_
- 10. Do you have a bleeding disorder or are you taking a blood thinner?  Yes  No  Don't Know \_\_\_\_\_
- 11. Are you pregnant or breastfeeding? If yes, please circle which one(s)  Yes  No  Don't Know \_\_\_\_\_

I understand that the COVID-19 vaccine I am receiving is being administered to me pursuant to a U.S. Food and Drug Administration Emergency Use Authorization (EUA). I (or my legal surrogate decision maker) have received and read the EUA Fact Sheet for recipients of this vaccine, which fully explains to me the risks and benefits of receiving this vaccine. I agree that Bon Secours has not made any guarantees to me about the result(s) of this vaccination, and I understand that I may experience side effect(s) after receiving this vaccine. I acknowledge that I have been advised to remain near the vaccination location for at least 15 minutes after administration for observation. If I experience a severe reaction, I will call 9-1-1 or go to the nearest hospital. **I further understand that this vaccine may be administered as a 2-dose series, and I agree that I will promptly schedule my second-dose appointment. I agree that it is my personal decision to receive this EUA COVID-19 vaccine, and I give Bon Secours permission to administer this vaccine to me. By signing below, I further confirm that:** I have read this Attestation or had it effectively communicated to me; any questions I may have had about it or the vaccine document(s) provided to me by Bon Secours have been answered to my satisfaction; I understand and accept all terms of this Attestation; I am the individual identified, above, or his/her authorized personal representative; I am at least 18 years of age; and that I have signed this Attestation voluntarily.

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

Parent/Legal Guardian \_\_\_\_\_