

## COVID-19 Vaccine Booster Dose Educational Material and Consent Form

Patient name \_\_\_\_\_

Facility name \_\_\_\_\_

Name of provider conducting informed consent \_\_\_\_\_

### Facts about the COVID-19 Vaccine Booster

#### Pfizer

A single Pfizer booster dose **may be given at least six months** after completing the primary series to people who are:

- 65 or older;
- ages 18 to 64 and have health conditions that put them at high risk for severe COVID-19;
- ages 18 to 64 who work in places with possible exposure to the coronavirus that puts them at high risk for severe illness or serious problems with COVID-19.

#### Moderna

A single Moderna booster dose **may be given at least six months** after completing the primary series to people who are:

- 65 or older;
- ages 18 to 64 and have health conditions that put them at high risk for severe COVID-19;
- ages 18 to 64 who work in places with possible exposure to the coronavirus that puts them at high risk for severe illness or serious problems with COVID-19.

#### J&J (Janssen)

A single J&J booster dose **may be given at least two months** after initial vaccination with the J&J vaccine, to people 18 years of age and older.

### Risks and Common Problems

There are risks linked to this vaccine booster, which include but are not limited to:

- chills, fever, and headache;
- joint pain and muscle aches;
- nausea and vomiting;
- fatigue and feeling sick;
- swollen lymph nodes;
- pain, soreness, redness and swelling at the injection site (these are common and could happen up to four hours after your shot);
- a vasovagal response (where you may feel faint); and
- myocarditis and pericarditis (inflammation of heart muscle and nearby tissue)

These problems may start one to two days after the vaccine booster is given. Most will get better after three days or sooner and are a sign that your immune system is working.

All vaccines can cause side effects. Problems that are not expected may happen. These problems may be life threatening, such as swelling of your tongue or throat or a bad rash all over your body. There have also been reports of thrombosis (blood clots) with thrombocytopenia (low platelet count), Guillain-Barré syndrome, and capillary leak syndrome. If you have any severe symptoms (including chest pain, shortness of breath or a fast or pounding heartbeat) after the vaccine, seek medical attention right away.

## Other Choices

If you decide not to take the booster dose and get exposed to the virus, then you may have more severe symptoms of COVID-19.

## More Facts

You will get the vaccine booster through a shot. In adults, the needle will be put into the muscle in the upper arm. **You will be asked to stay at the vaccine location for at least 15 minutes after you get your shot.** Studies show that 70% of allergic reactions will take place within 15 minutes and 90% will take place within 30 minutes.

The vaccine booster cannot give you COVID-19 and getting the vaccine is a safer way to build up immunity.

Eligible people may choose which vaccine they get as a booster dose. Some may prefer the vaccine type that they first received and others, may prefer to get a different booster. The Centers for Disease Control (CDC) recommendations allow for this type of mix and match dosing for booster shots.

## Vaccine Booster for Pregnant or Lactating Women

Based on what we know at this time from the CDC, pregnant women are at a higher risk for severe sickness from COVID-19 compared to non-pregnant women. American College of Obstetricians and Gynecologists (ACOG) recommends that all eligible pregnant and lactating women, get a COVID-19 vaccine booster.

According to the CDC,

A pregnant or lactating person who is part of a group recommended to receive a COVID-19 vaccine (e.g., healthcare personnel) may choose to be vaccinated.

## Consent to Treatment

This consent form told you about the COVID-19 vaccine booster and its most common risks. If, after reviewing this form, you do not believe that you understand the risks and your choices, then **do not sign the form until all your questions have been answered.**

You are being offered one of three COVID-19 vaccine boosters, Pfizer, Moderna, or J&J (Janssen). Today you choose to get the following booster vaccine: *(check your choice)*

- Pfizer,
- Moderna, or
- J&J (Janssen)

I understand the facts given to me in this consent form and it is my choice to get the COVID-19 vaccine booster. I give my consent for a COVID-19 vaccine booster. By signing below, I agree that the staff/doctor has discussed the facts in this form with me, that no one has given me any guarantee about the vaccine booster, that I have had a chance to ask questions, and that all my questions have been answered.

I agree I was given a copy of the vaccine fact sheet today.

The CDC guidelines advise anyone with a history of a severe or immediate allergic reaction to polysorbate or polyethylene glycol, which is commonly found in laxatives, should not take the Pfizer or Moderna vaccine booster.

I have given my provider an updated medical history.

I have \_\_\_ no known drug allergies **or** \_\_\_ the drug allergies listed below:

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\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Date and Time

\_\_\_\_\_  
Relationship to Patient (if Responsible Party is not Patient)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date and Time