COVID-19 Vaccine Administration Record and Informed Consent

RUSH

Section A Personal Information

First name:_____ Last name:_____ Date of birth:_____

Age:_____ Gender: ☐ Female ☐ Male ☐ Non-binary Phone:_____

Home address:_____ City:_____

State:_____ Zip code:_____ Email:_____

(*Check as many as applicable*) **The recipient of the COVID-19 vaccine is**:

☐ adult (age 18+) ☐ RUSH employee: ID#_____ ☐ minor with a custodial parent or legal guardian

☐ minor who is (circle one): emancipated by a court, pregnant, married, minor-parent, or without a parent/legal guardian

☐ student at Rush University: ID#_____ ☐ non-employed licensed independent practitioner

☐ non-employed, active member of the RUSH Medical Staff ☐ volunteer at RUSH: ID#_____

☐ contract personnel or vendor: Company Name: _____

I have received and read the Emergency Use Authorization Fact Sheets for Recipients and Caregivers: ☐ Yes ☐ No

Section B COVID-19 Vaccination Eligibility*

1.	Are you currently under quarantine orders as a result of known COVID-19 exposure, or pending results of symptomatic testing?	□ Yes	□ No
2.	Have you received passive COVID-19 antibodies (e.g. convalescent plasma, SARS-CoV-2 monoclonal antibody infusion) in the past 90 days?	□ Yes	□ No
3.	Are you experiencing any COVID/ILI-like symptoms such as fever, chills, fatigue, runny nose, cough, severe headache, sore throat, body aches, shortness of breath, or new loss of taste/smell?	□ Yes	□ No
4.	Have you ever had a severe allergic reaction (e.g. anaphylaxis) to any component of a COVID-19 vaccine (for Pfizer vaccine: mRNA, injectable lipids, potassium chloride, potassium phosphate, sodium chloride, sodium phosphate, or sucrose)?	□ Yes	□ No
5.	Have you ever had a severe allergic reaction (e.g. anaphylaxis) to a COVID-19 vaccine?	□ Yes	□ No
6.	Are you under the age of 18 years? For recipients who are minors, see below**	□ Yes	□ No

*If you answered "Yes" to questions 1 to 5 above, the COVID-19 Vaccine is not recommended and should not be received. Consult with your primary care provider.

**If you are under the age of 18, your custodial parent or a legal guardian may consent on your behalf and sign this form; minors may not consent for vaccination unless they are emancipated by a court, pregnant, married, minor-parents, or a "minor seeking primary care" with verification of status in writing by a qualified adult under the IL Consent by Minors Act.

Section C COVID-19 Vaccination Acknowledgements and Release of Liability

For RUSH employees: I understand and acknowledge that receiving COVID-19 vaccine is not a condition of my employment and is voluntary. I also understand and consent to my COVID-19 vaccination record being stored and maintained in Epic, RUSH's electronic medical record system, which may be viewed by my health care providers.

For non-employed licensed independent practitioners of RUSH, non-employed active members of the RUSH Medical Staff, and contract personnel/vendor of RUSH: I understand and agree that receiving the COVID-19 vaccine is voluntary and is not a requirement of my contractual or business relationship with RUSH. I will release and hold RUSH, its trustees, officers, agents, learners, employees, subsidiaries, and affiliates harmless from any and all claims, demands (whether valid or invalid), damages, losses, actions, proceedings, fines, liabilities and expenses, including, but not limited to, any attorneys' fees, arising out of or alleged to have arisen out of, in whole or in part: (1) the administration of the COVID-19 vaccine, and (2) any adverse reaction or side effects as a result of receiving the COVID-19 vaccine.

For Rush University students: I understand and acknowledge that receiving the COVID-19 vaccine is not a condition of my enrollment at Rush University and is voluntary. I also understand and consent to my COVID-19 vaccination record being stored and maintained in Epic, RUSH's electronic medical record system, which may be viewed by my health care providers.

For RUSH volunteers: I understand and agree that receiving the COVID-19 vaccine is voluntary and is not a requirement of my volunteer work at or my contractual relationship with RUSH. I will release and hold RUSH, its trustees, officers,

agents, learners, employees, subsidiaries, and affiliates harmless from any and all claims, demands (whether valid or invalid), damages, losses, actions, proceedings, fines, liabilities and expenses, including, but not limited to, any attorneys' fees, arising out of or alleged to have arisen out of, in whole or in part: (1) the administration of the COVID-19 vaccine, and (2) any adverse reaction or side effects as a result of receiving the COVID-19 vaccine.

For ALL others, including minors: Along with my consent below, I will release and hold RUSH, its trustees, officers, agents, learners, employees, subsidiaries, and affiliates harmless from any and all claims, demands (whether valid or invalid), damages, losses, actions, proceedings, fines, liabilities and expenses, including, but not limited to, any attorneys' fees, arising out of or alleged to have arisen out of, in whole or in part: (1) the administration of the COVID-19 vaccine, and (2) any adverse reaction or side effects as a result of receiving the COVID-19 vaccine.

Section D COVID-19 Vaccination Consent

I hereby give my consent freely to receive the COVID-19 vaccine, which is authorized by the Food and Drug Administration for emergency use only. I certify that I have reviewed and fully understand the information contained in the Emergency Use Authorization Fact Sheet for Recipients and Caregivers, which contains important information about the COVID-19 vaccine's known risks and benefits, the risks that remain unknown to the Food and Drug Administration, and alternative COVID-19 vaccines available. I further certify that I/the recipient meet(s) the current requirements to receive the COVID-19 vaccine. I understand and agree that it is my sole responsibility to discuss with my primary care provider any concerns I may have about the COVID-19 vaccination. After carefully considering all the information I have received, I voluntarily assume full responsibility for any adverse reactions or side effects, known or unknown, that may occur as a result of receiving the COVID-19 vaccine.

Section E Signature for COVID-19 Vaccination Consent and Release of Liability

Signature of Recipient/Parent/Legal Guardian:_____

Date:_____ **Print Name:**_____

Relationship of Consenting Party to Minor, if applicable:_____

Certified Interpreter, if utilized:_____ **ID#:**_____

FOR HEALTHCARE PROVIDER ONLY

(*Complete **BEFORE** vaccine administration*)

Vaccine Lot #:_____ Exp. Date:_____

Diluent Lot #:_____ Exp. Date:_____

I have reviewed Sections A and B above, the vaccination NDC, Lot and Expiration date. Initial:_____

Complete AFTER vaccine administration

Vaccine	NDC	Mfq	Dosage	Admin. Site	EUA Fact Sheet Publication Date (mm/yy)

I have provided the patient with the appropriate documentation and information Initial:_____

Clinician's name:_____ **Clinician's signature:**_____

Administration date:_____ **Date EUA Fact Sheet and Vaccine card given to patient:** _____