



## COVID 19 VACCINE AUTHORIZATION 2020/2021

NAME: \_\_\_\_\_ Badge# \_\_\_\_\_  
Print-Last name/First name

Address \_\_\_\_\_  
Street, City, State, Zip

Insurance Name \_\_\_\_\_ ID# \_\_\_\_\_

DEPT: \_\_\_\_\_ POSITION: \_\_\_\_\_

CHC Emp \_\_\_\_\_ Other \_\_\_\_\_ Date of Birth: \_\_\_\_\_

WMCHC along with the Center for Disease Control & Department of Health recommends all healthcare workers receive the COVID vaccination for their personal protection as well as for the protection of their patients and families.

<b>Are you currently ill or have a fever greater than 100.5?</b>	<b>Yes</b>	<b>No</b>
<b>Have you been diagnosed and treated for COVID in the last 90 days?</b>	<b>Yes</b>	<b>No</b>
<b>Have you ever had GuiUian-Barre Syndrome?</b>	<b>Yes</b>	<b>No</b>
<b>Have you ever had an allergic reaction to any Vaccine or injectable Medication?</b>	<b>Yes</b>	<b>No</b>
<b>Do you have a Latex allergy?</b>	<b>Yes</b>	<b>No</b>
<b>Are you pregnant?</b>	<b>Yes</b>	<b>No</b>

I have reviewed the COVID Vaccine Statement provided and understand the benefits and risks of this vaccine. I consent for the COVID vaccine to be administered to me.

\_\_\_\_\_  
**Employee Signature** **Date**

**Vaccine: Moderna COVID-19 NDC # 80777-273-10 LOT # 012L2OA Exp.**

Route IM Site RD LD Nurse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MODERNA COVID-19 contains mRNA, Lipids(SM-102, 1,2-dimyristoyl-rac-glycero3-methoxypolyethylene glycol-2000[PEG2000-DMG], cholesterol, and 1,2-distearoyl-snglycero-3-phosphocholine [DSPC]), Tromethamine, Tromethamine hydrochloride, Acetic acid, Sodium acetate, and Sucrose.

COVID 19 VACCINES: This vaccine includes a short segment of messenger ribonucleic acid (mRNA). The mRNA is a genetic code that tells cells how to make a protein. It is intended to boost the immune system to produce enough antibodies against SARS-CoV-2; so, in case of an exposure, the virus does not cause illness.