



Wayne Memorial Hospital



COVID 19 VACCINE AUTHORIZATION 2021

Name: _____
Print-Last name/ First name

Address: _____
Street, City, State, Zip

Date of Birth: _____ Phone Number _____ [] 1st dose [] 2nd dose

Race (Please circle response): White Arabian Asian/Indian Aleut Black Cambodian Chinese Eskimo Pilipino Guian Hawaiian Indian Japanese Korean Laotian Asian/Pacific Islander Refused Samoan Thailander Vietnamese Unknown Other Refused/Declined to answer

WMH along with the Center for Disease Control & Department of Health recommends persons aged > 18 years receive the COVID vaccination for the prevention of COVID-19, for their personal protection as well as for the protection of their families.

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

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

I consent for the COVID vaccine to be administered to me.

Patient's/Authorized Representative Signature Date

Vaccine: Moderna COVID -19 LOT# _____ Exp. 6/5/21

Administration: Route IM Site: RD LD Nurse's Signature: _____ Date _____ Time _____

MODERNA COVID-19 Vaccine contains: messenger ribonucleic acid (mRNA), lipids (SM-102, polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG], cholesterol, and 1, 2-distearoyl-sn-glycero-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.