

# Nimkee Memorial Wellness Center

## Moderna COVID-19 Consent

**Please Print**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Male ☐ Female ☐ Maiden name \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Nimkee Patient? Yes ☐ No ☐ Tribal Employee? Yes ☐ No ☐  
Department: \_\_\_\_\_

For Adults (18 and older) to be vaccinated: The following questions will help us determine if there is any reason we should not give you the Moderna COVID-19 (mRNA-1273) injectable vaccination today. If you answer "yes" to any question, you should discuss with your physician the best course of action before receiving the vaccine. A second dose will be due in 28 days.

I acknowledge that my vaccination will be entered on the Michigan Care Improvement Registry.  
I have read, or have had read to me the Vaccination Information Sheet/EUA regarding the vaccine.  
I acknowledge that I may experience known or previously unknown side effects from the vaccine. I understand the benefits and risks of the vaccine and request that the vaccine be given to me.  
I understand that the Food and Drug administration (FDA) has issued an Emergency Use Authorization (EUA) to permit the emergency use of the vaccine to prevent or lessen the severity of COVID-19.  
I affirm that I do not have a life threatening allergy, nor have I ever had a severe reaction to any previous vaccine.  
I consent to, or give consent for, the administration of the vaccine(s). I fully release and discharge of Saginaw Chippewa Indian Tribe and employees from any liability for illness or injury which may result from receiving the vaccination.  
I understand that the vaccine has not been tested in pregnant or lactating women, or in immunocompromised clients.

Signed by \_\_\_\_\_ Date \_\_\_\_\_

**For office use only** -----

Questions reviewed _____	Imm given deltoid: L R	MICR _____
Vaccine: Moderna COVID-19 vaccine (mRNA-1273)	Lot number: _____	EHR _____
Exp: 12/31/2069	EUA given: _____	VFC _____
First Dose <input type="checkbox"/> Second Dose <input type="checkbox"/>		

Reviewed and administered by: \_\_\_\_\_ Date: \_\_\_\_\_