



## Consent for the Pfizer-BioNTech COVID-19 Booster Vaccine

I am consenting to the administration of the Pfizer-BioNTech COVID-19 booster vaccine. I understand and agree that:

- I have voluntarily chosen to receive the Pfizer-BioNTech COVID-19 booster vaccination.
- The Pfizer-BioNTech COVID-19 vaccine has been authorized by the FDA through an Emergency Use Authorization (EUA) which is a mechanism to facilitate the availability and use of medical countermeasures, including vaccines, during public health emergencies, such as the COVID-19 pandemic.
- I have been provided and have had the opportunity to review fully the EUA Fact Sheet available at <a href="https://www.fda.gov/media/144414/download">https://www.fda.gov/media/144414/download</a> which includes information regarding the vaccine alternatives, expected benefits, risks, and side effects of the Pfizer-BioNTech COVID-19 vaccine. I further understand that I should tell Mercer Medicine as my vaccination provider about all medical conditions including, but not limited to, those medical conditions identified in the Fact Sheet.
- There may be side effects from the vaccine that are not listed on the EUA Fact Sheet as each patient responds differently and could have side effects that have not been reported by others.
- I have had the opportunity to ask my healthcare provider any questions I may have about the vaccine to my satisfaction.
- If I am pregnant or breastfeeding, I am responsible for discussing the vaccine risks and benefits with my healthcare provider(s).
- If I have a compromised immune system due to cancer or other disease and/or medications or have received stem cell transplant or solid organ transplant, I am responsible for discussing the vaccine risks and benefits with my healthcare provider(s).
- I understand that receiving the booster vaccine is important to building full protection against the virus.
- My vaccination record will be shared with Mercer University and Mercer Medicine, if I am a Mercer University student or I am an employee at Mercer University or Mercer Medicine.
- Mercer Medicine will report my vaccination to the Georgia Registry of Immunization
   Transactions and Services (GRITS) so my healthcare provider will know I have received the
   vaccine in case I seek treatment.
- I understand that I have the opportunity to ask questions of my vaccine provider and will not receive the vaccine until my questions have been answered satisfactorily.

Printed Name	Signature					
Date of Birth	Date/Time					

## PFIZER COVID-19 BOOSTER VACCINE INFORMATION AND CONSENT FORM

Name:										
First		Middle	Last							
Address:										
Street			(	City State			Zip			
Cell phone: ( )			Patient Type: Student / Emp							
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Date of Birth:	Age:	Gender:	Primary Language: Ethnicity: (check only 1							
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Please answer the health questions below: Yes No Don't										
rease answer the hearth questions below.						103	110	Know		
1. Are you sick today or currently in an isolation period for COVID-19?										
2. Have you had a positive COVID-19 test in the last 90 days?										
3. Are you allergic to anything including any food, any vaccine, any vaccine component, latex, or										
polyethylene glycol?  4. Do you have an adrenaline auto injector (EpiPen) for severe allergic reactions?										
5. Have you ever had a serious reaction after receiving a vaccination or IV injectable medications?										
6. Are you currently receiving anticoagulation therapy or do you have any type of bleeding disorder?										
7. Do you take steroids or any other immunosuppressant medications?										
8. Is it possible that you are or may be	come pregnan	nt in the next fo	ur weeks?							
9. Are you currently breastfeeding?										
	satisfaction. I beli whom I am author at anyone getting a	eve that I understan ized to make this re- a vaccine stay for 1 is anaphylactic rea	d the benefits and quest.  5 minutes after g	risks of the getting vac y for 30 mi	e vaccines requested  cinated before leavi	and ask tha	t the vac			
OFFICE USE ONLY		Record of Im	nunization		OFF	ICE US	E ON	LY		
		Vacc								
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Manufacturer	Lot #	Exp	Dsg	Rte	Ste	VI	S	Faculty		
Pfizer COVID 19 Vaccine			0.3 ML	IM	L R	emai	led			
Date of Vaccination:	Time ad	ministered: _		_						
Booster dose (must be at	least 5 mont	chs after 2 <sup>nd</sup> d	ose)							