

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 <https://www.fda.gov/media/144414/download> 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 _____

