



\_\_\_\_\_ The Moderna COVID-19 Vaccine includes the following ingredients: 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.

\_\_\_\_\_ I have read or have had explained to me the information identified in the FDA's *Fact Sheet for Recipients and Caregivers* regarding the Moderna COVID-19 Vaccine. I have had an opportunity to discuss the benefits and risks of this COVID-19 vaccine with a healthcare provider of my choice before vaccination. I have had a chance to ask questions which were answered to my satisfaction.

\_\_\_\_\_ I believe I understand the benefits and risks of this vaccine and ask that this vaccine be given to me or the person named for whom I am authorized to make this request.

**MEDICAL SCREENING QUESTIONS: Check yes or no to each question below.** Tell your vaccination provider about all your medical conditions, including if you answer "yes" to any question. Except for the last two (2) questions, a "yes" response to any other question means you may wish to consult with your individual healthcare provider before proceeding. Answering "yes" to either of the last two (2) questions means you should not be vaccinated today.

Question	Yes	No
Do you have any allergies?		
Do you have a fever?		
Do you have a bleeding disorder or are on a blood thinner?		
Are you immunocompromised or are you on a medicine that affects your immune system?		
Are you pregnant or plan to become pregnant?		
Are you breastfeeding?		
Have you received another COVID-19 vaccine?		
Have you had a severe allergic reaction after a previous dose of this vaccine?		
Have you had a severe allergic reaction to any ingredient of this vaccine?		

\_\_\_\_\_  
**Signature of Recipient OR Recipient's Authorized Individual**

\_\_\_\_\_  
**Date**

**DO NOT WRITE IN THIS SPACE—OFFICE USE ONLY** VIS Edition Provided: \_\_\_\_\_

Vaccine: \_\_\_\_\_

Administration Date: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Lot #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Route: \_\_\_\_\_

Site: \_\_\_\_\_

Volume (ml): \_\_\_\_\_

\_\_\_\_\_  
Nurse/ Provider's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time