



BNT162B2 is a vaccine developed by Pfizer-BioNTech to prevent disease caused by COVID-19. This vaccine has been authorized by the US Food & Drug Administration (FDA) for use under an Emergency Use Authorization (EUA). The purpose of this form is to obtain your consent to receive this vaccine.

Patient Name: _____ Phone: _____ Email: _____

Date of Birth: _____ Address: _____ City: _____

Zip Code: _____ Sex _____ Race _____ Ethnicity _____

Age: _____ Name of Parent/Guardian if under 18: _____

* Pregnant women and breastfeeding women have not been included in any COVID vaccine clinical trials to date, so no safety data specific for this population. If you are pregnant, plan to become pregnant, or are breastfeeding, you may want to speak to your care provider before getting the vaccine.

Safety is our number one priority. By receiving this COVID-19 vaccine you are agreeing to our safety protocol, which requires remaining in the vaccination area for at least 15 minutes following their vaccination. This additional time is for your safety and allows the vaccine team to monitor you in the event of a reaction.

Acknowledgement and Consent to Receive Vaccination

The following has been communicated with me:

- The FDA has authorized the emergency use of Pfizer-BioNTech COVID-19 Vaccine (also known as BNT162b2), which is not FDA approved in this population, for vaccination against COVID-19.
- The option to accept or refuse vaccination and alternative options.
- Information on available alternative vaccines and the risks and benefits of those alternatives.
- Significant and potential risks and benefits of vaccination, and the extent to which they may occur, is not known at this time.

I have been provided a copy and/or opportunity to review the EUA Fact Sheet

- FDA Fact Sheet for Patients/Patients/Caregivers: [Here \(https://www.fda.gov/media/144414/download\)](https://www.fda.gov/media/144414/download)

I was provided a vaccination card with the date when the recipient needs to return for the second dose of Pfizer-BioNTech COVID-19 Vaccine

I understand and agree that this consent form and records relating to my vaccination will be maintained in designated records, including, if applicable, my medical record and/or my occupational health record.

I consent to the release of my information to state or federal health authorities (e.g. state immunization registries) for the purpose of tracking immunizations during the public health emergency.

I was provided information on the V-SAFE program. The program does health checks on the people who get the COVID-19 vaccine. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafe.html>

Therefore, I attest that I understand the nature of administering Pfizer-BioNTech Covid-19 Vaccine the relative known risks and benefits, available alternatives, and have received information and answers to questions. I am consenting to being vaccinated under the EUA until such a time as I have completed the vaccination schedule of two doses, I substantially decompensate or show a significant adverse reaction to the vaccine, or my goals of care have changed. I understand that I am free to withdraw consent and stop treatment prior to the second dose. I understand that stopping the vaccination series will not impact other medical care and treatment options.

Printed Name: _____

Recipient Signature: _____ Date: _____

Parent/Guardian Signature if under 18: _____ Date: _____

Clinician Signature: _____ Date: _____