

# UAB MEDICINE Covid-19 Vaccine Attestation Patient Form

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email Address: \_\_\_\_\_

SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (MUST be at least 12 years of age or older)

**HEALTH SCREENING QUESTIONS: Circle answer, or enter date when applicable.**

This is my: <b>1st dose</b> <b>2nd dose</b> <b>3rd dose</b>	Have you received a Pfizer vaccine before today? <b>Yes</b> <b>No</b>	Date of last dose:
Have you tested positive for COVID-19 in the past 90 days or are you currently in quarantine for known exposure to COVID-19?	<b>Yes</b> <b>No</b>	
Are you currently sick? For example, are you currently experiencing fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, etc.?	<b>Yes</b> <b>No</b>	
Have you had a severe allergic reaction (e.g., anaphylaxis) to any vaccine or injectable therapy, or a history of anaphylaxis due to any cause?	<b>Yes</b> <b>No</b>	
Have you had a severe allergic reaction (e.g., anaphylaxis) to any component of a COVID-19 vaccine, including lipid nanoparticles or polyethylene glycol? (*See Manufacturer Vaccine Information Sheet (VIS) for complete list of ingredients)	<b>Yes</b> <b>No</b>	
Have you received monoclonal antibodies or convalescent plasma for treatment of COVID-19 within the last 90 days?	<b>Yes</b> <b>No</b>	
Did you develop myocarditis or pericarditis after receiving COVID-19 vaccine?	<b>Yes</b> <b>No</b>	
Have you ever fainted after an injection?	<b>Yes</b> <b>No</b>	

Today, I will receive COMIRNATY (COVID-19 Vaccine, mRNA) an FDA-approved COVID-19 vaccine made by Pfizer (“the vaccine”). The vaccine is FDA approved as a 2-dose series for people over 16 years of age. The vaccine is also authorized for emergency use in 12-15 year olds, and to provide a third dose of the same mRNA vaccine to individuals 12 years of age and older who are immunocompromised. A second dose should be given 21 days after receiving the first dose. An immunocompromised person receiving a third dose should wait at least 28 days after administration second dose.

The vaccine protects against COVID-19 by inducing the immune system to produce antibodies and active blood cells that act against the virus. The vaccine does not contain the virus and cannot transmit COVID-19. The vaccine reduces a person’s risk of contracting the virus, and is effective at helping protect against serious illness and death. Fully vaccinated people with breakthrough infections appear to be infectious for a shorter period, which reduces the risk of spreading the virus. People with moderately to severely compromised immune systems may not build the same level of immunity to 2-dose vaccine series compared to people who are not immunocompromised and may benefit from an additional dose. People should talk to their healthcare provider about whether getting an additional dose is appropriate for them, and the best timing of vaccination depending on their underlying condition and/or treatment.

Possible vaccine side effects include: Pain, redness or swelling at the injection site, and fatigue, headache, muscle pain, chills, fever, nausea. Severe allergic reactions have been reported. If you develop symptoms of an allergic reaction (trouble breathing, chest pain or a fast heartbeat, dizziness, weakness, swelling of the face, throat, or tongue, or a rash) after leaving the vaccination site, call 911 or go to the nearest Emergency Department. Cases of myocarditis and pericarditis in adolescents and young adults have been reported. These reports are rare and the known and potential benefits of COVID-19 vaccination outweigh the known and potential risks, including the possible risk of myocarditis or pericarditis. Per the CDC, there is limited information about the risks of receiving an additional dose of vaccine, and the safety, efficacy, and benefit of additional doses of COVID-19 vaccine in immunocompromised people continues to be evaluated. So far, reactions reported after the third mRNA dose were similar to that of the two-dose series. There are other (alternative) COVID-19 vaccines under Emergency Use Authorization.

**I answered the health questions above accurately. I read and understood this document. I understand the risks and benefits of vaccination and had an opportunity to ask questions. I received the COMIRNATY COVID-19 VIS and agree to receive the vaccine. If receiving a third dose, I attest that I am immunocompromised and qualify for a third dose at this time. I agree to be monitored for 15 minutes (or longer as advised by the vaccination team) after the administration of the vaccine.**

\_\_\_\_\_  
SIGNATURE of Patient/Patient Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINT NAME of Patient Representative (Only if Patient Representative signs above)

\_\_\_\_\_  
Translator ID (IF Used)

**For OFFICE USE ONLY**

Covid 6-8.24.2021

Deltoid: <b>Right</b> <b>Left</b> <b>Other site:</b>	Manufacturer: Pfizer		
Administered by:	Lot#:	Exp Date:	
NDC: Pfizer NDC 59267-1000-01	Dose #1	Dose #2	Dose #3