

COVID-19 Responsible Party Consent Form



Resident or Patient Information

Last Name	First Name	Date of Birth	Gender	
Address	City	State	Zip	SSN* (or driver's license)
Primary Care Provider (PCP) Name	PCP Phone Number	PCP Fax Number		
PCP Address	City	State	Zip	

SSN and state of residence, or state identification/driver's license is needed to verify patient eligibility. If a SSN and state of residence, or state identification/driver's license is not submitted, the patient will need to attest that you attempted to capture this information before submitting a claim and the patient did not have this information at the time of service, or that you did not have direct contact with the patient and thus did not have an opportunity to attempt to capture this information. Claims submitted without a SSN and state of residence, or state identification/driver's license may take longer to verify for patient eligibility.

CONSENT FOR SERVICES: I have been provided or can request the Vaccine Information Sheet(s) corresponding to the vaccine(s) that the individual listed above will receive. I have read the information provided about the vaccine they are about to receive. I have had the chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of vaccination and I voluntarily assume full responsibility for any reactions that may result. I understand the individual stated above should remain in the vaccine administration area for 15 minutes after the vaccination to be monitored for any potential adverse reactions. I understand if they experience side effects that I should do the following: call pharmacy, contact doctor, call 911. I request that the vaccine be given to the individual named above for whom I am authorized to make this request. State of Georgia only: I verify a pharmacist can ask the individual stated above for their health history and whether they have had a physical exam within the past year. Health care providers did not identify condition(s) that would mean they should not receive vaccine(s).

AUTHORIZATION TO REQUEST PAYMENT: I do hereby authorize CVS Pharmacy® ("CVS®") to release information and request payment. I certify that the information given by me in applying for payment under Medicare or Medicaid is correct. I authorize release of all records to act on this request. I request that payment of authorized benefits be made on my behalf.

DISCLOSURE OF RECORDS: I understand that CVS® may be required to or may voluntarily disclose health information to the physician responsible for this protocol of specific health information of people vaccinated at CVS (if applicable), a Primary Care Physician (if they have one), insurance plan, health systems and hospitals, and/or state or federal registries, for purposes of treatment, payment or other health care operations (such as administration or quality assurance). I also understand that CVS will use and disclose this health information as set forth in the CVS Notice of Privacy Practices (copy is available in-store, online or by requesting a paper copy from the pharmacy). State of California only: I agree on behalf of the party I am responsible for to have CAIR share my immunization data with Health Care Providers, agencies or schools.

Vaccine Clinics: If receiving a vaccine through a vaccine clinic, I understand that their name, vaccine appointment date and time will be provided to the clinic coordinator.

If you are legally responsible for the resident listed above, please provide the following:

Name of Responsible Party or Power of Attorney	Relationship	Date
Signature of Responsible Party or Power of Attorney	Phone Number	

COVID Vaccine Intake Consent Form**Clinic Information**

Clinic ID	Clinic Name	Telephone	Store Number
Address	City	State	Zip

Patient Information

Last Name	First Name	Date of Birth	Gender
Address	City	State	Zip
Primary Care Provider (PCP) Name	PCP Phone Number	PCP Fax Number	SSN* (or driver's license)
PCP Address	City	State	Zip

SSN and state of residence, or state identification/driver's license is needed to verify patient eligibility. If a SSN and state of residence, or state identification/driver's license is not submitted, you will need to attest that you attempted to capture this information before submitting a claim and the patient did not have this information at the time of service, or that you did not have direct contact with the patient and thus did not have an opportunity to attempt to capture this information. Claims submitted without a SSN and state of residence, or state identification/driver's license may take longer to verify for patient eligibility.

If you are part of a Senior Facility clinic, are you a resident or an employee/staff ?

If someone else manages health decisions on behalf of the resident, please provide the following:

Caregiver or Financially Responsible Party Name	Relationship	Phone Number
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Insurance Information: Fill in all that apply**Prescription Insurance:**

Patient is primary card holder (check box if yes)

Pharmacy Insurance Provider	ID #	GRP ID	BIN	PCN
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Medicare Fields: (Note: COVID Vaccine will be billed at Part B through your Medicare provider)

Yes No

Is the patient age 65 or older or is the patient Medicare Eligible?	Medicare Part A/B ID Number (MBI)
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Medical Insurance:

Yes No

Medical Insurance Provider	ID #	GRP ID	Is the patient the Primary Cardholder?
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If you are uninsured, please read the below statement and check the box for acknowledgement:

I do not have medical insurance, Medicare, Medicaid or any commercial or government-funded health benefit plan I acknowledge that I must answer this question truthfully in order to have the cost of my test covered by the U.S. Department of Health and Human Services (HHS) Uninsured Program. If I have active insurance that I fail to provide, I may be charged in full for the vaccine.

COVID-19 Screening Questions

	YES	NO	DON'T KNOW
1. In the past two weeks, have you tested positive for COVID-19 or are you currently being monitored for COVID-19?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. In the past two weeks, have you had contact with anyone who tested positive for COVID-19?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Do you currently or have you in the past 14 days, had a fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, nausea, vomiting, or diarrhea?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To be filled out by the immunizer: Patient Temperature:

Date:

If patient answers yes to any of these questions or patient's bodily temperature is 100°F or greater, please inform them that they should not receive the vaccine at this time, instruct them to contact their primary care provider for next steps and that the facility coordinator will be notified.

Immunization Screening Questions

	YES	NO	DON'T KNOW
1. Are you sick today? (For example: a cold, fever or acute illness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Do you have allergies or reactions to any foods, medications, vaccines or latex? (For example: eggs, gelatin, neomycin, thimerosal, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Have you ever had a serious reaction after receiving a vaccination? Do you have a history of fainting, particularly with vaccines? Has any physician or other healthcare professional ever cautioned or warned you about receiving certain vaccines or receiving vaccines outside of a medical setting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Last Name

First Name

Date of Birth

Immunization Screening Questions (continued)

	YES	NO	DON'T KNOW
4. Have you had a seizure or a brain or other nervous system problem or Guillain Barre?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Do you take anticoagulation medication? For example: warfarin, Coumadin or other blood thinner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Do you have a long-term health problem such as heart disease, lung disease, liver disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia or other blood disorder?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Do you have cancer, leukemia, HIV/AIDS, rheumatoid arthritis, ankylosing spondylitis, Crohn's disease or any other immune system problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Do you have a weakened immune system or in past 3 months, taken medications that weaken it such as cortisone, prednisone, other steroids, anticancer drugs, or radiation treatments?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. For women, are you pregnant or is there a chance you could become pregnant during the next month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Have you received any vaccinations or TB skin test in the past 4 weeks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CONSENT FOR SERVICES: I have been provided with the Vaccine Information Sheet(s) corresponding to the vaccine(s) that I am receiving. I have read the information provided about the vaccine I am to receive. I have had the chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of vaccination and I voluntarily assume full responsibility for any reactions that may result. I understand that I should remain in the vaccine administration area for 15 minutes after the vaccination to be monitored for any potential adverse reactions. I understand if I experience side effects that I should do the following: call pharmacy, contact doctor, call 911, request that the vaccine be given to me or to the person named above for whom I am authorized to make this request. State of Georgia only: I verify a pharmacist asked for my health history and whether I have had a physical exam within the past year. Health care providers did not identify condition(s) that would mean I should not receive vaccine(s).

that the information given by me in applying for payment under Medicare or Medicaid is correct. I authorize release of all records to act on this request. I request that payment of authorized benefits be made on my behalf.

DISCLOSURE OF RECORDS: I understand that CVS® may be required to or may voluntarily disclose my health information to the physician responsible for this protocol of specific health information of people vaccinated at CVS (if applicable), my Primary Care Physician (if I have one), my insurance plan, health systems and hospitals, and/or state or federal registries, for purposes of treatment, payment or other health care operations (such as administration or quality assurance). I also understand that CVS will use and disclose my health information as set forth in the CVS Notice of Privacy Practices (copy is available in-store, online or by requesting a paper copy from the pharmacy). State of California only: I agree to have CAIR share my immunization data with Health Care Providers, agencies or schools. Vaccine Clinics: If I am receiving a vaccine through a vaccine clinic, I understand that my name, vaccine appointment date and time will be provided to the clinic coordinator.

AUTHORIZATION TO REQUEST PAYMENT: I do hereby authorize CVS Pharmacy® ("CVS®") to release information and request payment. I certify

X

Signature of patient to receive vaccine or person authorized to make the request

Date

Vaccine Administration Information for Immunizer/Pharmacist use only

Administration Date	Vaccine	VIS Date	Manufacturer	
Lot #	Exp. Date	Route	Site	Volume (mL)
Administering Immunizer Name & Title			Administering Immunizer Signature	

To be filled out by immunizer, as required for state immunization registry reporting. Only for states listed.

MS: Check all fields for patients 18 years of age and younger

OK: Check Race and Ethnicity for all patients. Select Next of Kin for patients 18 years of age and younger.

Race: 1 - American Indian or Alaska Native 2 - Asian 3 - Native Hawaiian/Other Pacific Islander
 4 - Black or African American 5 - White 6 - Other Race

Ethnicity: 1 - Hispanic 2 - Not Hispanic or Latino 3 - Unknown

Next of Kin (18 or younger)

Name	Phone Number	Relationship
Address		

State of NJ only

Prescriber Name	Prescriber Address
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For CA, MA, MT, NJ, NM, NY, TX (For CA, this indicator means the registry will not share with Universities, Schools or other agencies)

Registry Sharing Indicator: Yes No

FACT SHEET FOR RECIPIENTS AND CAREGIVERS

EMERGENCY USE AUTHORIZATION (EUA) OF THE PFIZER-BIONTECH COVID-19 VACCINE TO PREVENT CORONAVIRUS DISEASE 2019 (COVID-19) IN INDIVIDUALS 16 YEARS OF AGE AND OLDER

You are being offered the Pfizer-BioNTech COVID-19 Vaccine to prevent Coronavirus Disease 2019 (COVID-19) caused by SARS-CoV-2. This Fact Sheet contains information to help you understand the risks and benefits of the Pfizer-BioNTech COVID-19 Vaccine, which you may receive because there is currently a pandemic of COVID-19.

The Pfizer-BioNTech COVID-19 Vaccine is a vaccine and may prevent you from getting COVID-19. There is no U.S. Food and Drug Administration (FDA) approved vaccine to prevent COVID-19.

Read this Fact Sheet for information about the Pfizer-BioNTech COVID-19 Vaccine. Talk to the vaccination provider if you have questions. It is your choice to receive the Pfizer-BioNTech COVID-19 Vaccine.

The Pfizer-BioNTech COVID-19 Vaccine is administered as a 2-dose series, 3 weeks apart, into the muscle.

The Pfizer-BioNTech COVID-19 Vaccine may not protect everyone.

This Fact Sheet may have been updated. For the most recent Fact Sheet, please see www.cvdvaccine.com.

WHAT YOU NEED TO KNOW BEFORE YOU GET THIS VACCINE?

WHAT IS COVID-19?

COVID-19 disease is caused by a coronavirus called SARS-CoV-2. This type of coronavirus has not been seen before. You can get COVID-19 through contact with another person who has the virus. It is predominantly a respiratory illness that can affect other organs. People with COVID-19 have had a wide range of symptoms reported, ranging from mild symptoms to severe illness. Symptoms may appear 2 to 14 days after exposure to the virus. Symptoms may include: fever or chills; cough; shortness of breath; fatigue; muscle or body aches; headache; new loss of taste or smell; sore throat; congestion or runny nose; nausea or vomiting; diarrhea.

WHAT IS THE PFIZER-BIONTECH COVID-19 VACCINE?

The Pfizer-BioNTech COVID-19 Vaccine is an unapproved vaccine that may prevent COVID-19. There is no FDA-approved vaccine to prevent COVID-19.

The FDA has authorized the emergency use of the Pfizer-BioNTech COVID-19 Vaccine to prevent COVID-19 in individuals 16 years of age and older under an Emergency Use Authorization (EUA).

For more information on EUA, see the “**What is an Emergency Use Authorization (EUA)?**” section at the end of this Fact Sheet.

WHAT SHOULD YOU MENTION TO YOUR VACCINATION PROVIDER BEFORE YOU GET THE PFIZER-BIONTECH COVID-19 VACCINE?

Tell the vaccination provider about all of your medical conditions, including if you:

- have any allergies
- have a fever
- have a bleeding disorder or are on a blood thinner
- are immunocompromised or are on a medicine that affects your immune system
- are pregnant or plan to become pregnant
- are breastfeeding
- have received another COVID-19 vaccine

WHO SHOULD GET THE PFIZER-BIONTECH COVID-19 VACCINE?

FDA has authorized the emergency use of the Pfizer-BioNTech COVID-19 Vaccine in individuals 16 years of age and older.

WHO SHOULD NOT GET THE PFIZER-BIONTECH COVID-19 VACCINE?

You should not get the Pfizer-BioNTech COVID-19 Vaccine if you:

- had a severe allergic reaction after a previous dose of this vaccine
- had a severe allergic reaction to any ingredient of this vaccine

WHAT ARE THE INGREDIENTS IN THE PFIZER-BIONTECH COVID-19 VACCINE?

The Pfizer BioNTech COVID-19 Vaccine includes the following ingredients: mRNA, lipids ((4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate), 2 [(polyethylene glycol)-2000]-N,N-ditetradecylacetamide, 1,2-Distearoyl-sn-glycero-3-phosphocholine, and cholesterol), potassium chloride, monobasic potassium phosphate, sodium chloride, dibasic sodium phosphate dihydrate, and sucrose.

HOW IS THE PFIZER-BIONTECH COVID-19 VACCINE GIVEN?

The Pfizer-BioNTech COVID-19 Vaccine will be given to you as an injection into the muscle.

The Pfizer-BioNTech COVID-19 Vaccine vaccination series is 2 doses given 3 weeks apart.

If you receive one dose of the Pfizer-BioNTech COVID-19 Vaccine, you should receive a second dose of this same vaccine 3 weeks later to complete the vaccination series.

HAS THE PFIZER-BIONTECH COVID-19 VACCINE BEEN USED BEFORE?

The Pfizer-BioNTech COVID-19 Vaccine is an unapproved vaccine. In clinical trials, approximately 20,000 individuals 16 years of age and older have received at least 1 dose of the Pfizer-BioNTech COVID-19 Vaccine.

WHAT ARE THE BENEFITS OF THE PFIZER-BIONTECH COVID-19 VACCINE?

In an ongoing clinical trial, the Pfizer-BioNTech COVID-19 Vaccine has been shown to prevent COVID-19 following 2 doses given 3 weeks apart. The duration of protection against COVID-19 is currently unknown.

WHAT ARE THE RISKS OF THE PFIZER-BIONTECH COVID-19 VACCINE?

Side effects that have been reported with the Pfizer-BioNTech COVID-19 Vaccine include:

- injection site pain
- tiredness
- headache
- muscle pain
- chills
- joint pain
- fever
- injection site swelling
- injection site redness
- nausea
- feeling unwell
- swollen lymph nodes (lymphadenopathy)

There is a remote chance that the Pfizer-BioNTech COVID-19 Vaccine could cause a severe allergic reaction. A severe allergic reaction would usually occur within a few minutes to one hour after getting a dose of the Pfizer-BioNTech COVID-19 Vaccine. Signs of a severe allergic reaction can include:

- Difficulty breathing
- Swelling of your face and throat
- A fast heartbeat
- A bad rash all over your body
- Dizziness and weakness

These may not be all the possible side effects of the Pfizer-BioNTech COVID-19 Vaccine. Serious and unexpected side effects may occur. Pfizer-BioNTech COVID-19 Vaccine is still being studied in clinical trials.

WHAT SHOULD I DO ABOUT SIDE EFFECTS?

If you experience a severe allergic reaction, call 9-1-1, or go to the nearest hospital.

Call the vaccination provider or your healthcare provider if you have any side effects that bother you or do not go away.

Report vaccine side effects to **FDA/CDC Vaccine Adverse Event Reporting System (VAERS)**. The VAERS toll-free number is 1-800-822-7967 or report online to <https://vaers.hhs.gov/reportevent.html>. Please include "Pfizer-BioNTech COVID-19 Vaccine EUA" in the first line of box #18 of the report form.

In addition, you can report side effects to Pfizer Inc. at the contact information provided below.

Website	Fax number	Telephone number
www.pfizersafetyreporting.com	1-866-635-8337	1-800-438-1985

WHAT IF I DECIDE NOT TO GET THE PFIZER-BIONTECH COVID-19 VACCINE?

It is your choice to receive or not receive the Pfizer-BioNTech COVID-19 Vaccine. Should you decide not to receive it, it will not change your standard medical care.

ARE OTHER CHOICES AVAILABLE FOR PREVENTING COVID-19 BESIDES PFIZER-BIONTECH COVID-19 VACCINE?

Currently, there is no approved alternative vaccine available for prevention of COVID-19. FDA may allow the emergency use of other vaccines to prevent COVID-19.

CAN I RECEIVE THE PFIZER-BIONTECH COVID-19 VACCINE WITH OTHER VACCINES?

There is no information on the use of the Pfizer-BioNTech COVID-19 Vaccine with other vaccines.

WHAT IF I AM PREGNANT OR BREASTFEEDING?

If you are pregnant or breastfeeding, discuss your options with your healthcare provider.

WILL THE PFIZER-BIONTECH COVID-19 VACCINE GIVE ME COVID-19?

No. The Pfizer-BioNTech COVID-19 Vaccine does not contain SARS-CoV-2 and cannot give you COVID-19.


KEEP YOUR VACCINATION CARD

When you get your first dose, you will get a vaccination card to show you when to return for your second dose of Pfizer-BioNTech COVID-19 Vaccine. Remember to bring your card when you return.

ADDITIONAL INFORMATION

If you have questions, visit the website or call the telephone number provided below.

To access the most recent Fact Sheets, please scan the QR code provided below.

Global website	Telephone number
<p data-bbox="318 432 602 464">www.cvdvaccine.com</p> 	<p data-bbox="919 485 1162 548">1-877-829-2619 (1-877-VAX-CO19)</p>

HOW CAN I LEARN MORE?

- Ask the vaccination provider.
- Visit CDC at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.
- Visit FDA at <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization>.
- Contact your local or state public health department.

WHERE WILL MY VACCINATION INFORMATION BE RECORDED?

The vaccination provider may include your vaccination information in your state/local jurisdiction's Immunization Information System (IIS) or other designated system. This will ensure that you receive the same vaccine when you return for the second dose. For more information about IISs visit: <https://www.cdc.gov/vaccines/programs/iis/about.html>.

WHAT IS THE COUNTERMEASURES INJURY COMPENSATION PROGRAM?

The Countermeasures Injury Compensation Program (CICP) is a federal program that may help pay for costs of medical care and other specific expenses of certain people who have been seriously injured by certain medicines or vaccines, including this vaccine. Generally, a claim must be submitted to the CICP within one (1) year from the date of receiving the vaccine. To learn more about this program, visit www.hrsa.gov/cicp/ or call 1-855-266-2427.

WHAT IS AN EMERGENCY USE AUTHORIZATION (EUA)?

The United States FDA has made the Pfizer-BioNTech COVID-19 Vaccine available under an emergency access mechanism called an EUA. The EUA is supported by a Secretary of Health and Human Services (HHS) declaration that circumstances exist to justify the emergency use of drugs and biological products during the COVID-19 pandemic.

The Pfizer-BioNTech COVID-19 Vaccine has not undergone the same type of review as an FDA-approved or cleared product. FDA may issue an EUA when certain criteria are met, which includes that there are no adequate, approved, available alternatives. In addition, the FDA decision is based on the totality of scientific evidence available showing that the product may be effective to prevent COVID-19 during the COVID-19

pandemic and that the known and potential benefits of the product outweigh the known and potential risks of the product. All of these criteria must be met to allow for the product to be used in the treatment of patients during the COVID-19 pandemic.

The EUA for the Pfizer-BioNTech COVID-19 Vaccine is in effect for the duration of the COVID-19 EUA declaration justifying emergency use of these products, unless terminated or revoked (after which the products may no longer be used).



Manufactured by
Pfizer Inc., New York, NY 10017

BIONTECH

Manufactured for
BioNTech Manufacturing GmbH
An der Goldgrube 12
55131 Mainz, Germany

LAB-1451-0.7

Revised: December 2020



Scan to capture that this Fact Sheet was provided to vaccine recipient for the electronic medical records/immunization information systems.

Barcode Date: 12/2020



COVID-19

[MENU >](#)

Importance of COVID-19 Vaccination for Residents of Long-term Care Facilities

Updated Dec. 21, 2020 [Print](#)

Based on recommendations from the Advisory Committee on Immunization Practices (ACIP), an independent panel of medical and public health experts, CDC recommends residents of long-term care facilities (LTCF) be included among those offered the first supply of COVID-19 vaccines.

Vaccinating LTCF residents will save lives

Making sure LTCF residents can receive COVID-19 vaccination as soon as vaccines are available will help save the lives of those who are most at risk of dying from COVID-19. According to ACIP's recommendations, LTCF residents include adults who reside in facilities that provide a range of services, including medical and personal care, to persons who are unable to live independently. The communal nature of LTCFs and the population served (generally older adults often with underlying medical conditions) puts facility residents at increased risk of infection and severe illness from COVID-19. By November 6, 2020, approximately 569,000–616,000 COVID-19 cases and 91,500 deaths were reported among LTCF residents and staff members in the United States, accounting for 39% of deaths nationwide.

Benefits of vaccination believed to outweigh possible risks

All COVID-19 vaccines were tested in clinical trials involving tens of thousands of people to make sure they meet safety standards and protect adults of different races, ethnicities, and ages, including adults over the age of 65, participated in the clinical trials. There were no serious safety concerns. The most common side effects were pain at the injection site and signs and symptoms like fever and chills. After a review of all the available information, ACIP and CDC agreed the lifesaving benefits of COVID-19 vaccination for LTCF residents outweigh the risks of possible side effects.

The safety of COVID-19 vaccines is a top priority

To help make important unapproved medical products, including vaccines, available quickly during the COVID-19 pandemic, the US Food and Drug Administration (FDA) can use what is known as an Emergency Use Authorization (EUA) [\[E\]](#). Before any vaccine can be authorized for use under an EUA, FDA must determine that the vaccine's benefits outweigh possible risks.

CDC and FDA are monitoring vaccine safety closely. The United States is using existing robust systems and data sources to conduct ongoing safety monitoring. An additional layer of safety monitoring has also been added that allows CDC and FDA to evaluate COVID-19 vaccine safety almost immediately. Learn more about COVID-19 vaccine safety monitoring.

For LTCFs in particular, CDC will work with pharmacies and other partners to report possible side effects (called adverse events) to the Vaccine Adverse Event Reporting System (VAERS) [\[7\]](#). Facility staff and residents' families are encouraged to also report any adverse events immediately.

CDC is working with pharmacies and other partners to provide communication materials to help LTCFs educate residents and their families about the vaccine, answer their questions about vaccine safety and other issues, and prepare them for vaccination clinics. For some COVID-19 vaccines, two shots are needed to provide the best protection, and the shots are given several weeks apart. Each recipient or caregiver will receive a vaccination record card to ensure they receive the correct vaccine for the second dose.

Risks and benefits will be explained to everyone offered a COVID-19 vaccination

Explaining the risks and benefits of any treatments to a patient – in a way that they understand – is the standard of care. Written consent is not required by federal law for COVID-19 vaccination in the United States; however, COVID-19 vaccine providers should consult with their own legal counsel for state requirements related to consent. In LTCFs, consent or assent for vaccination should be obtained from residents (or the person appointed to make medical decisions on their behalf) and documented in the resident's chart per standard practice.

Pharmacy partners that are administering COVID-19 vaccine at LTCFs as part of the Federal Pharmacy Partnership for Long-term Care Program may require verbal, email, or written consent from recipients before vaccination. This is at the discretion of the pharmacy. LTCF administrators can request pharmacy partners obtain consent from residents' families in advance when they are serving as medical proxies.

Pharmacy partners will also work directly with LTCFs to ensure staff and residents who receive the vaccine also receive an EUA fact sheet before vaccination. The EUA fact sheet explains the risks and benefits of the COVID-19 vaccine they are receiving and what to expect. Each LTCF resident's medical chart must note that this information was provided to the resident. If a resident is unable to make medical decisions due to decreased mental capacity or illness, the EUA fact sheet will be provided to the person appointed to make medical decisions on their behalf (the medical proxy or power of attorney).

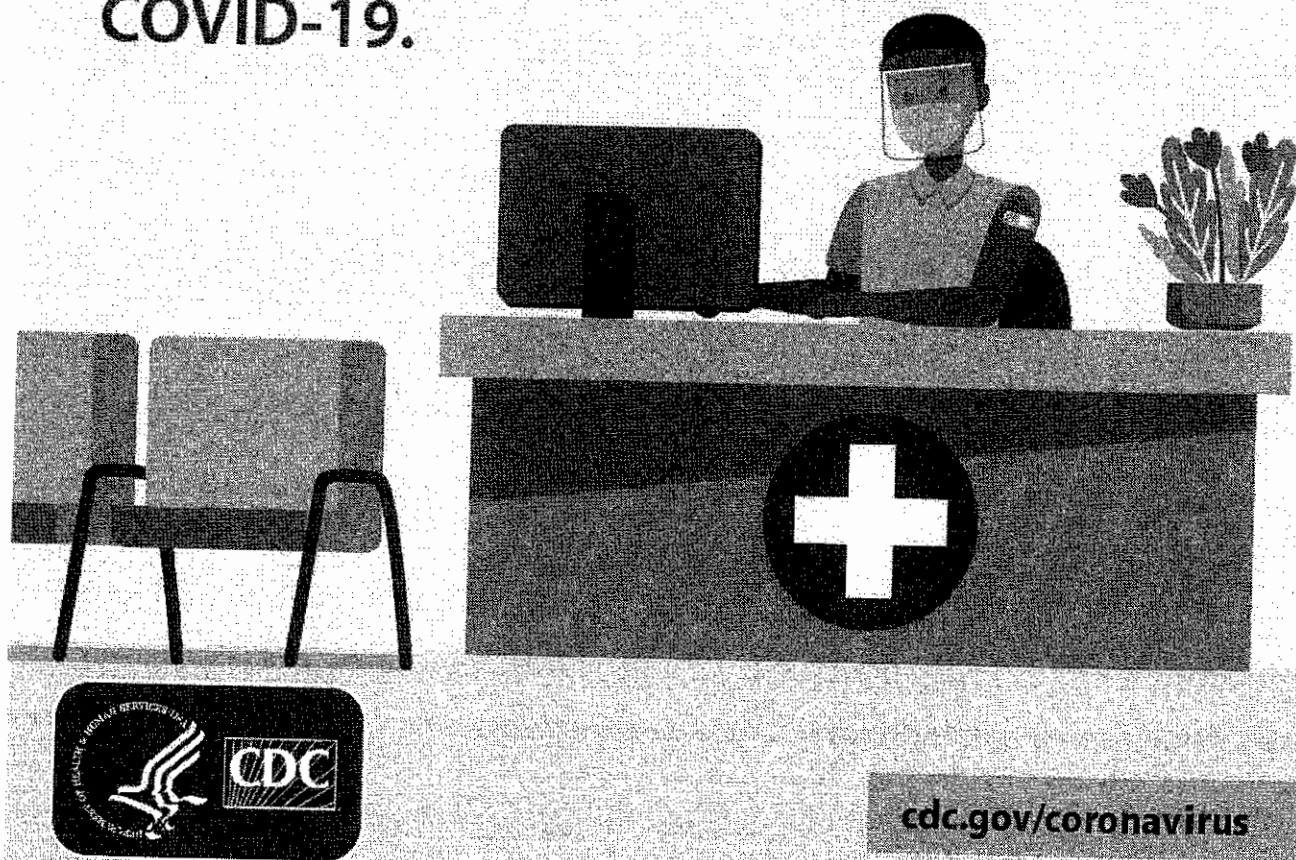
Last Updated Dec. 21, 2020

Content source: National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases

CORONAVIRUS DISEASE 2019 (COVID-19)

**COVID-19 vaccines
will not give you
COVID-19.**

RECEPTION



CS21265-D 11/16/2020

Instagram Sample Message

None of the COVID-19 vaccines currently in development in the United States uses the live virus that causes COVID-19. You may have symptoms like a fever after you get a #vaccine. This is normal and a sign that your immune system is learning how to recognize and fight the virus that causes COVID-19. Learn more about the facts behind #COVID-19 vaccines: [cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

Twitter Sample Message

#COVID19 vaccines currently in development in the US do not use the live virus that causes COVID-19. Having symptoms like fever after you get a #vaccine is normal and a sign your immune system is learning to fight the virus. More COVID-19 vaccine facts: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/about-vaccines/vaccine-myths.html>