**SAMPLE Consent Form**

**Pfizer-BioNTech Comirnaty or Moderna Spikevax mRNA COVID-19 vaccines for adolescents and adults 12 years of age and over**

**November 21, 2021**

**Last name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **First name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health card number / First Nations Status Card Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Email address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Street Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Province:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Postal Code**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth**: Month \_\_\_\_\_\_\_ Day \_\_\_\_\_\_ Year \_\_\_\_\_\_ **Age:** \_\_\_\_\_\_\_

**Gender:** Man o Woman o Prefer not to say o Prefer to self-describe o \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many doses of COVID-19 vaccine(s) has you had before? None o One o Two o Three o

If you have previously received a COVID-19 vaccine, specify the **name(s) and date(s) of the previous COVID-19 vaccine(s) you have received**, if known.

Name of vaccine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ (month / day / year)

Name of vaccine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ (month / day / year)

Name of vaccine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ (month / day / year)

|  |  |
| --- | --- |
| **Are you 12 to 29 years of age?** | No o Yes o  If yes, Pfizer-BioNTech Comirnaty is likely to be preferred. |
| **Are you feeling ill today?** | No o Yes o If yes, please provide details |
| **Have you had a COVID-19 infection?** | No o Yes o  If yes, please indicate when the symptoms started, if known. |
| **If you have had one or more previous COVID-19 doses, did you have any side effects after any previous doses** (including allergic reactions, heart inflammation [myocarditis/pericarditis])**?** | No o Yes o If yes, please provide details |
| **Are you allergic or could you be allergic to polyethylene glycol (PEG)1 (which is contained in the Pfizer-BioNTech Comirnaty and Moderna Spikevax vaccines)?** | No o Yes o If yes, please provide details |
| **Are you allergic or could you be allergic to tromethamine2 (trometamol, Tris) (which is contained only in the Moderna Spikevax vaccine and not in the adult/adolescent formulation of the Pfizer-BioNTech Comirnaty vaccine)?** | No o Yes o If yes, please provide details |
| **Have you had an allergic reaction to another vaccine (another type of COVID-19 vaccine or a non-COVID-19 vaccine) or other medication given by injection or intravenously in the past?** | No o Yes o If yes, please provide details |
| **Are you or could you be pregnant?** | No o Yes o |
| **Do you have any problems with your immune system or are you taking any medications that can affect your immune system** (e.g., high dose steroids, chemotherapy, some arthritis medications)?  *Ask the health care provider if you are not sure about your medical conditions* | No o Yes o Uncertain o  If yes, please provide details |
| **Have you recently received specific medications for COVID-19 treatment** (monoclonal antibodies or convalescent plasma)? | No o Yes o  If yes, please provide the date of the treatment |
| **Do you have a bleeding disorder or are you taking any medications that could affect blood clotting?**  *Ask the health care provider if you are not sure about your medical conditions* | No o Yes o Uncertain o  If yes, please provide details |
| **Have you ever felt faint or fainted after a past vaccination or medical procedure?** | No o Yes o If yes, please provide details |

1. Polyethylene glycol (PEG) can rarely cause allergic reactions and is found in products such as over the counter (e.g. cough syrup, laxatives) and prescription medications, medical bowel preparation products for colonoscopy, skin care products, dermal fillers, cosmetics, contact lens solutions, and products such as ultrasound gel. Note that this is not a complete list. PEG can also be found in foods or drinks, but has not been reported to cause allergic reactions from foods or drinks.

2. Tromethamine (trometamol, Tris) may very rarely cause allergic reactions and is found in some medications injected to do tests (contrast media) as well as other medications taken by mouth or injection, and some creams and lotions. Note that this is not a complete list.

**I have read (or it has been read to me) and I understand the “Information sheet for Pfizer-BioNTech Comirnaty or Moderna Spikevax COVID-19 vaccines for adolescents and adults 12 years of age and over”. I have had the opportunity to ask questions and to have them answered to my satisfaction. I consent to receiving the vaccine.**

Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Print name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date of signature: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If signing for someone other than yourself, indicate your relationship to that other person: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

ð I confirm that I am the parent / legal guardian or substitute decision maker.

**See below for additional questions**

**Additional questions to help understand the populations receiving the COVID-19 vaccine**

1. **Race / ethnicity:** Please check the applicable boxes

*This information is being requested to help ensure that the vaccine is being provided in a way that is available to everyone who would like to receive it.*

* + Black (e.g. African, Afro-Caribbean, African Canadian descent)
  + East/Southeast Asian (e.g. Chinese, Korean, Japanese, Taiwanese descent or Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent)
  + Indigenous (e.g. First Nations, Inuk/Inuit, Métis descent)
  + Latino (e.g. Latin American, Hispanic descent)
  + Middle Eastern (e.g. Arab, Persian, West Asian descent – i.e. Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish)
  + South Asian (e.g. South Asian descent – i.e. East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean)
  + White (e.g. European descent)
  + Other, specify: \_\_\_\_\_\_\_\_\_\_\_
  + Prefer not to answer
  + Unknown

**If Indigenous**, indicate which Indigenous identity:

* First Nations
* Métis (includes member of a Métis organization or Settlement)
* Inuk/Inuit
* Other Indigenous, specify: **\_\_\_\_\_\_\_\_\_\_\_\_**
* Prefer not to answer
* Unknown

Does you reside in a **First Nations Community** (on reserve or Crown land) or **Inuit Community**?

Yes o No o Prefer not to answer o Unknown o

1. Does you have any **underlying medical conditions** (heart disease, lung disease, cancer, high blood pressure, diabetes, problems with your immune system, taking medication that affect your immune system, kidney disease, liver disease)?

Yes o No o Not certain o Prefer not to say o

1. Do you live in a **group living setting**, such as long-term care facility, group home, shelter?
   * Yes
   * No
   * Not certain
   * Prefer not to say
2. What is your **occupation?**

*This information is being requested to help determine if the vaccine is being made available to people whose jobs put them at risk for becoming infected with COVID-19.*

* + Management occupations
  + Business, finance and administration occupations
  + Natural and applied sciences and related occupations
  + Health occupations
  + Occupations in education, law and social, community and government services
  + Occupations in art, culture, recreation and sport
  + Sales and service occupations
  + Trades, transport and equipment operators and related occupations
  + Natural resources, agriculture and related production occupations
  + Occupations in manufacturing and utilities
  + Other, please specify
  + Prefer not to say

**For Clinic Use Only**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **VACCINE** | **DOSE** | **LOT NUMBER** | **EXPIRY DATE** | **SITE and ROUTE** | **TIME GIVEN** | **DATE GIVEN**  **Month/day/year** | **GIVEN BY**  **Name and designation** |
| **Pfizer-BioNTech Comirnaty COVID-19 Vaccine for adults/adolescents** | **0.3 ml** |  |  |  |  |  |  |
| **Moderna Spikevax COVID-19 Vaccine** | **0.5 ml** |  |  |  |  |  |  |

**Comments:**

*Any legal notice required including with regard to confidentiality of the information.*