



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Gender:  Female  Male Medical Provider: \_\_\_\_\_

Screening

Table with screening questions and Yes/No/Don't Know options. Questions include: Are you feeling sick today? Have you received a COVID-19 vaccine previously? Have you tested positive for COVID-19? etc.

By signing the consent, I acknowledge that I understand the following:

- The FDA has authorized the emergency use of the Johnson & Johnson COVID-19 Vaccine that may prevent COVID-19. This vaccine is not FDA-approved. There is no FDA-approved vaccine to prevent COVID-19. The FDA has authorized the emergency use of this vaccine for individuals age 18 and older.
V-safe is a smart-phone based tool that uses text messaging and web surveys to check in with people who have been vaccinated to identify potential side effects after receiving the vaccine. I understand that participation with V-safe is voluntary and that I must enroll myself.

Vaccination Release

I have read or have had explained to me the information on the Emergency Use Authorization (EUA) Fact Sheet or Vaccine Information Statement (VIS). I have had a chance to ask questions that were answered to my satisfaction. I consent to the vaccine be given to me or to the person for whom I am authorized to make this request.

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*For Office Use Only\*\*\*\*\*

Table for office use only with columns: Date: Dose given, Manufacturer, Lot #, Exp Date, VIS/EUA Date, Site, Adm By, IRIS date/initial. Contains data for Johnson & Johnson, Lot # 043A21A, Exp Date 6-21-21, VIS/EUA Date 2-27-21, Site R L Deltoid.