



HOUSTON HEALTHCARE

ACKNOWLEDGMENT, RELEASE AND CONSENT FOR 2020-2021 COVID-19 VACCINE

I have received a personal copy and reviewed the following information as distributed by the Food and Drug Administration (FDA) with Revision date of _____.

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

*****Initial the blanks below*****

____ I understand I should not receive the vaccine if:

- I have had a severe reaction to any ingredient of the vaccine identified in the FDA Fact Sheet referenced above
- I experience a severe allergic reaction to the first dose, I should not take a subsequent dose

____ I understand the FDA has authorized the emergency use of the COVID-19 vaccine, which is not an FDA-approved vaccine. I have had the chance to ask questions and receive satisfactory answers.

____ I understand the significant known and potential risks and benefits of the COVID-19 vaccine as explained in the FACT SHEET and that some potential risks and benefits may remain unknown and I REQUEST THE COVID-19 VACCINE BE GIVEN TO ME.

____ I hereby consent to receive the COVID-19 vaccine at my sole risk. I understand there is no guarantee immunity will result from this immunization.

____ I hereby expressly release, indemnify and hold harmless Houston Healthcare, their agents, directors, employees and representatives from any and all responsibility or obligation for any and all adverse effects and/or personal injury (including death) that may occur as a result of receiving this injected vaccine.

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Employee ID and Department

Time/ Date

Relationship of Guardian to patient

Time/Date