



JANSSEN COVID-19 VACCINE ADMINISTRATION
CONSENT FORM

By signing the Janssen COVID-19 Vaccine Administration Consent Form, I acknowledge I have been provided the **"Fact Sheet For Recipients and Caregivers Emergency Use Authorization (EUA) Of The Janssen COVID-19 Vaccine To Prevent Coronavirus Disease 2019 (COVID-19) In Individuals 18 Years Of Age And Older"** which has been reviewed with me by health department nursing staff. I was provided information related to the potential benefits of receiving the vaccine along with potential risks. I have been provided verbal and written information related to potential side effects with receipt of this vaccination. I have been provided verbal and written information related to need for immediate medical follow up (call 9-1-1) if experiencing an allergic reaction or other adverse events, including but not limited to, symptoms of blood clots after the receipt of this vaccine. I acknowledge receiving verbal and written information for optional enrollment in V-safe which is a new voluntary smartphone-based tool utilized by the CDC to monitor individuals receiving COVID-19 vaccines. I have been provided an opportunity to ask questions prior to receiving Janssen COVID-19 vaccine. I have not been coerced in any way to receive or decline vaccination by the Graham County Department of Public Health staff.

Please initial your choice below

_____ I agree to receive the Janssen COVID-19 Vaccine.

_____ I decline receiving the Janssen COVID-19 Vaccine.

Patient / Guardian Signature

Date

Witness

Date