Pfizer COVID-19 Vaccine Booster
Informed Consent

Who Should Get the Pfizer COVID-19 Booster
• People 65 years of age and older. • People aged 18 – 49 with under lying medical conditions • Residents of long-term care facilities. • Long-term care staff who may be at increased risk for COVID-19 exposure and transmission because of occupational or institutional setting.
Who Should Not Get the Pfizer COVID-19 Booster
• Individuals who have had a severe allergic reaction (anaphylaxis) or immediate allergic reaction, even if it was not severe to any ingredient in the Pfizer-BioN Tech COVID-19 vaccine (such as polyethylene glycol) should not get this vaccine. • A severe allergic reaction is one that needs to be treated with epinephrine or EpiPen or with medical care. • An immediate allergic reaction means a reaction within 4 hours of exposure, including symptoms such as hives, swelling, or wheezing (respiratory distress).

Potential Adverse Effects/Negative Outcomes of Receiving the Vaccine	
• Pain	• Redness
• Swelling	• Headache
• Muscle Pain	• Chills
• Fever	• Nausea

Informed Consent	
I have read the above information, or it has been explained to me. I have had any questions or concerns related to the Pfizer COVID-19 Booster answered adequately. I understand the benefits, potential negative outcomes, and side effects of receiving the Pfizer COVID-19 Booster.	
	I hereby **GIVE** the facility permission to administer the Pfizer COVID-19 Booster, unless medically contraindicated.
	I hereby **DO NOT GIVE** the facility permission to administer the Pfizer COVID-19 Booster.

Resident Signature:	Date:
Responsible Party Signature:	Date:
Responsible Party Verbal Consent (Name of Responsible Party and Staff Member Obtaining Consent (Documentation of Verbal Consent in EMR is required)	Date/Time:
Facility Representative Signature/Title:	Date:
Resident Name:	MR #