

COVID-19 VACCINE CONSENT - INMATE

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

(PRINT) Inmate Name (Last, First)	Register Number	Institution

I have been provided a copy of the FDA COVID-19 fact sheet dated _____. I have had the opportunity to ask questions about the benefits and risks of vaccination, including if I am pregnant, breastfeeding, or have a weakened immune system to include taking immunosuppressive drugs. I have been informed that mRNA vaccines are preferred over the Janssen vaccine because of the risk of thrombosis with thrombocytopenia syndrome following receipt of the Janssen vaccine.

Health Questions Prior to COVID-19 Vaccination (Check yes or no)

Yes	No	Health Questions
<input type="checkbox"/>	<input type="checkbox"/>	Are you sick today?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a bleeding disorder or take a blood thinner?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a severe allergy (i.e., anaphylaxis) OR an immediate allergic reaction of any severity to any component of this vaccine (i.e., PEG, polysorbate), a previous dose of this vaccine, or any other vaccine/injectable therapy?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had myocarditis or pericarditis (inflammation of the heart muscle or its lining)?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had multisystem inflammatory syndrome (persistent fever and severe inflammation) due to COVID-19 or after COVID-19 vaccination?
<input type="checkbox"/>	<input type="checkbox"/>	For the Janssen (Johnson & Johnson) vaccine only: Have you ever had Guillain-Barré syndrome (progressive paralysis)?
<input type="checkbox"/>	<input type="checkbox"/>	Have you had thrombosis (blood clotting) with thrombocytopenia (low platelets)?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever received a dose of COVID-19 vaccine? If yes, which one? <input type="checkbox"/> Pfizer-BioNTech <input type="checkbox"/> Moderna <input type="checkbox"/> Janssen (<i>Johnson & Johnson</i>) <input type="checkbox"/> Another product How many doses? _____ Date of last dose: _____

☐ I consent to receive the COVID-19 vaccination.

Inmate Signature:	Date:
Administered by Signature/Credentials:	Date:
(PRINT) Administered by Name/Credentials:	

☐ I decline to receive the COVID-19 vaccination.

- ☐ I have already been vaccinated with ☐ Pfizer-BioNTech ☐ Moderna ☐ Janssen (*Johnson & Johnson*)
☐ Another product How many doses? _____ Date of last dose: _____
☐ Other reason: _____

Inmate Signature:	Date:
Witness Signature/Credentials:	Date:
(PRINT) Witness Name/Credentials:	

COVID-19 Vaccine Information

Dose # (1, 2, 3, or booster)	Vaccine Manufacturer	Lot Number	Expiration Date	Route	Deltoid
				IM	<input type="checkbox"/> Left <input type="checkbox"/> Right