# COVID-19 mRNA Vaccine Consent Form [Pfizer-BioNTech]

**CLINIC LOCATION:**

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## 1. CLIENT INFORMATION

<table>
<thead>
<tr>
<th>Client’s Last Name</th>
<th>Client’s First Name</th>
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</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Health Card #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>Month</td>
</tr>
<tr>
<td>Age</td>
<td>☐ Male</td>
</tr>
</tbody>
</table>

| Address | Email |

| Postal Code | Cell / Home Phone |

## 2. HEALTH ASSESSMENT

a) Have you been sick recently? Do you have COVID-19 symptoms or a fever? [ ] YES [ ] NO

b) Do you have any severe allergies? Have you ever had an anaphylactic reaction? [ ] YES [ ] NO

c) Have you ever had a serious reaction to a vaccine before? To polyethylene glycol? [ ] YES [ ] NO

d) Are you pregnant, breastfeeding or planning a pregnancy? [ ] YES [ ] NO

e) Do you have an autoimmune disorder, or weakened immunity due to illness/treatment? [ ] YES [ ] NO

f) Do you have any neurological disorder, bleeding disorder or taking a blood thinner? [ ] YES [ ] NO

g) Have you received a flu vaccine or any vaccine in the past 14 days? [ ] YES [ ] NO

### Pfizer vaccine Ingredients

- mRNA (medicinal ingredient)
- α-α′-Azanediylbis(hexane-6,1-diyl)bis(2-hexyldecanoate) (ALC-0315)
- 2-[(polyethylene glycol)-2000]-N,N-ditetradecylacetamide (ALC-0159)
- 1,2-distearoyl-sn-glycero-3-phosphocholine
- cholesterol, dibasic sodium phosphate dihydrate
- monobasic potassium phosphate
- potassium chloride, sodium chloride, sucrose & water for injection

## 3. CONSENT FOR VACCINATION

I have read the attached mRNA COVID-19 vaccine fact sheet. I understand the expected benefits and possible risks and side effects of the vaccines. I understand the possible risks to myself if I am not vaccinated. I have had the opportunity to have my questions answered by Toronto Public Health.

I authorize Toronto Public Health to administer the mRNA COVID-19 vaccine to myself.

X ________________

Signature of Client

Date ________________

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416.338.7600 toronto.ca/COVID19

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TORONTO Public Health
4. SCREENING FOR CLIENTS WITH HEALTH CONDITIONS: N/A

☐ YES, Client is Eligible for Vaccination
- If it has been 3 months post-chemotherapy and the cancer is in remission
- If immunosuppression therapy has been discontinued for at least 3 months
- If immunosuppression therapy has been discontinued for at least 6 months for anti-B cell antibodies
- With stable hepatitis B or C, or living with HIV
- Using blood thinner medication

☐ Clients on anticoagulant therapy (blood thinner medication)
Use a small gauge needle and apply pressure to injection site for 3 to 5 minutes after vaccination to reduce bruising. There is no need to measure the blood thinning level (INR test) prior to vaccination. Continue INR testing according to the schedule recommended by the attending physician.

5. VACCINE ADMINISTRATION: Nurse to Complete

Pfizer mRNA COVID-19 Vaccine: Two-dose series given between 21 apart (19 to 28 day interval)

Dilute the vial with 1.8mL of unpreserved 0.9% sodium chloride. Do not shake. Gently invert the vial 10 times prior to and after dilution. After dilution one dose = 0.3mL (30 mcg of mRNA)

<table>
<thead>
<tr>
<th>Dose 1: 0.3mL</th>
<th>Dose 2: 0.3mL</th>
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</thead>
<tbody>
<tr>
<td>IM Injection to deltoid</td>
<td>IM Injection to deltoid</td>
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<tr>
<td>right □</td>
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</tr>
</tbody>
</table>

Lot # expiry date: Lot # expiry date:
loading nurse: loading nurse:
dosing nurse signature: dosing nurse:
dosing date & time: dosing date & time:

Notes:

Personal health information on this form is collected under the authority of the Health Protection and Promotion Act. It is used to administer the Toronto Public Health Vaccine Preventable Diseases Program. For more information, visit our Privacy Statement at tph.to/personalhealthinfo or contact, VPD Manager at 416-392-1250.