



COVID-19 Vaccine Consent

Name: _____ Date of Birth: _____ Age: _____

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> yes <input type="checkbox"/> no | Do you have any allergies? Please list: _____ |
| <input type="checkbox"/> yes <input type="checkbox"/> no | Do you have a fever? |
| <input type="checkbox"/> yes <input type="checkbox"/> no | Are you pregnant or breastfeeding? |
| | * If yes, discuss your options with your healthcare provider |
| <input type="checkbox"/> yes <input type="checkbox"/> no | Do you have a bleeding disorder or are on a blood thinner? |
| <input type="checkbox"/> yes <input type="checkbox"/> no | Are you immunocompromised or are on medicine that affects your immune system? |
| <input type="checkbox"/> yes <input type="checkbox"/> no | Have you received another COVID-19 vaccine? |
| <input type="checkbox"/> yes <input type="checkbox"/> no | Have you received IV antibody therapy for COVID? |
| | * If yes, defer vaccination for at least 90 days |

You should **not** get the COVID-19 vaccine if you have had a severe allergic reaction:

- * After a previous dose of this vaccine, or
- * To any ingredient of this vaccine (see back of page)

Possible side effects:

- | | |
|--|-----------------------|
| * tiredness | * nausea |
| * headache | * feeling unwell |
| * muscle or joint pain | * swollen lymph nodes |
| * chills, fever | (lymphadenopathy) |
| * injection site pain, swelling, redness | |

Serious Reactions:

- * full body rash, swelling of the face or throat, difficulty breathing, a fast heartbeat, dizziness or weakness
- * Both the Pfizer-BioTech and the Moderna COVID-19 vaccines have reported a potential for anaphylactic reaction with individuals that have previously had significant adverse reactions to vaccines or injections. Individuals with a history of immediate allergic reaction to any component of mRNA COVID-19 vaccines including polyethylene glycol or to polysorbate should not receive the vaccine. Individuals with a history of immediate allergic reaction to a previous dose should not receive a second dose.
- * Severe allergic reactions typically can occur within a few minutes to one hour after getting your vaccination. Most allergic reactions occur within 15-30 minutes of vaccination, whereas vaccine side effects, such as fever, chills or fatigue, typically occur and are strongest 1-3 days following vaccination. Those with immediate allergic reaction to any vaccine or injectable therapy not related to a COVID vaccine component or polysorbate should consult with an allergist-immunologist.
- * Because of the potential for a reaction to the vaccine you will be asked to stay at the place where you received your vaccine for 15 minutes of monitoring. Signs of a severe allergic reaction can include:

- Difficulty breathing
- Swelling of your face and throat
- A fast heart beat
- A rash all over your body
- Dizziness and weakness

I have been informed of the risks and benefits of the COVID-19 vaccine and I consent to administration of vaccine and acknowledge there are no assurances or guarantees as to the results of this vaccination.

I release Teton Valley Health Care from responsibility of adverse reactions to the COVID-19 vaccine given to me. I will report any adverse reaction to my nurse, Provider and/or the emergency department. I have read and understand the above information.

Patient/Guardian Signature: _____ Date: _____

***You will be given a vaccination card to show when you return for your second dose. Please remember to bring your card.

For more information about the vaccination:

Visit CDC or FDA website, contact local or state public health department

INGREDIENTS IN THE PFIZER-BIONTECH COVID-19 VACCINE:

The Pfizer BioNTech COVID-19 Vaccine includes the following ingredients: mRNA, lipids ((4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate), 2-[(polyethylene glycol)-2000]-N,N-ditetradecylacetamide, 1,2-Distearoyl-sn-glycero-3-phosphocholine, and cholesterol), potassium chloride, monobasic potassium phosphate, sodium chloride, dibasic sodium phosphate dihydrate, and sucrose.

INGREDIENTS IN THE MODERNA COVID-19 VACCINE:

The Moderna COVID-19 Vaccine contains the following ingredients: messenger ribonucleic acid (mRNA), lipids (SM-102, polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG], cholesterol, and 1,2-distearoyl-sn-glycero-3-phosphocholine [DSPC]), tromethamine, tromethamine hydrochloride, acetic acid, sodium acetate, and sucrose.

Pfizer COVID-19 Vaccine
Lot #: ER8730
Exp: 07/2021
NDC#: 59267 1000-1

Manufacturer	Lot Number	NDC Number	Expiration Date
<input type="checkbox"/> Pfizer-Biontech	COVID-19 Vaccine 0.3 ml IM	<input type="checkbox"/> RD <input type="checkbox"/> LD	<input type="checkbox"/> 1 st dose <input type="checkbox"/> 2 nd dose
<input type="checkbox"/> Moderna	COVID-19 Vaccine 0.5 ml IM	<input type="checkbox"/> RD <input type="checkbox"/> LD	<input type="checkbox"/> 1 st dose <input type="checkbox"/> 2 nd dose

Date of 1st Vaccination/Administered by

Date of 2nd Vaccination/Administered by



CONSENT AND CONDITIONS OF TREATMENT

NO GUARANTY. I understand and agree that the practice of medicine is not an exact science and that no guarantees have been made to me regarding the results of Patient's care or treatment at TVHC.

PERSONS FOR WHOM TVHC IS NOT LIABLE. I understand that TVHC is only responsible for the acts of its employees acting within the scope and course of their duties. I understand that persons who are not employed by TVHC may be involved in my care or treatment, including but not limited to other practitioners, laboratories, diagnostic testing facilities, contractors, vendors, product technicians, etc. I understand that TVHC is not liable for the acts or omissions of non-employees or TVHC employees acting outside the course and scope of their duties.

NOTICE OF PHYSICIAN SERVICES. TVHC provides competent staff on-site at all times. However, a physician is not on-site site twenty-four (24) hours per day, seven (7) days per week. There is a physician on-call or in the hospital twenty-four (24) hours per day and available to see emergency patients as needed.

PERSONAL PROPERTY. I understand and agree that TVHC does not assume any responsibility for my personal property and shall not be liable for any loss or damage to such personal property.

Grievance. Grievances may be submitted to the Compliance Officer at 208-354-2383 or any professional staff member.

THE FOLLOWING APPLIES TO INPATIENTS, OBSERVATION, SURGERY, AND SWING BED PATIENTS ONLY

ADVANCE DIRECTIVES. Please indicate whether the Patient has executed an advance directive:

☐ Living Will ☐ Durable Power of Attorney ☐ Copy Requested ☐ On File
☐ Other (describe): _____

VISITATION SUPPORT PERSON. I have received the Notice of Visitation Right: _____

I have chosen _____ to be my Support Person who can exercise my visitation rights if I am unable to do so. I realize that TVHC may need to set limits on visitors to protect Patient/and other patients, but staff will inform Patient or my Support Person when doing so.

SWING BED ONLY → NOTICE OF PATIENT RIGHTS AND PATIENT RESPONSIBILITIES. I have received a copy of TVHC's Patient Bill of Rights on this occasion. _____

NOTICE OF PRIVACY PRACTICES. I have received a copy of TVHC's Notice of Privacy Practices on this or a prior occasion.

[Please Initial]: _____

I have fully read, understand, and agree to this Consent and Conditions of Treatment. I certify that I am either the Patient or the Patient's legally authorized representative, and have authority to execute this Consent and Agreement on behalf of Patient. I have had the opportunity to ask questions concerning this Consent and Conditions of Treatment and have had my questions answered to my satisfaction.

(Print Name)

(Date)

(Signature)

(Relationship, if not signed by patient)



CONSENT AND CONDITIONS OF TREATMENT

Patient Name: _____

Birth Date: ____/____/____

Patient Sticker

CONSENT FOR TREATMENT. I voluntarily consent to care and treatment of the Patient by Teton Valley Health Care, Inc. ("TVHC") and its affiliated physicians, practitioners, and staff, including but not limited to outpatient medical, surgical, nursing, and therapeutic care; diagnostic, laboratory, and radiological tests and procedures; administration of pharmaceuticals or anesthesia; and such other care as deemed reasonably necessary or advisable by the attending physician, practitioner, or staff member. I understand that TVHC may photograph or video Patient to assist TVHC in providing treatment for Patient and I hereby consent to same. If TVHC personnel suffer a needle stick or are exposed to blood or body fluids, I consent to the testing of Patient for any blood-borne disease for the protection of TVHC personnel.

CONDITIONS FOR TREATMENT AT TVHC. In consideration for the care and treatment that Patient will receive or has received at TVHC, I agree to the following:

- 1. Patient Rights.** I understand that I have the right to refuse any treatment, procedure, or medical service offered to Patient and I accept the responsibility and consequences resulting from any such refusal. I understand that Patient has the right to be admitted and to receive treatment regardless of my race, color, national origin, gender, or sexual orientation or preference.
- 2. Payment.** I agree that I am responsible for any and all charges for the services Patient receives. I will pay for all co-payments, deductibles or other charges for services to Patient that are not paid by insurance, government programs, or other payers, except as prohibited by applicable law or any agreement between my insurance company and TVHC. I agree to make such payments according to TVHC's regular terms of payment. Where appropriate, I agree to submit and cooperate with TVHC in submitting claims to entities from which payment may be obtained, including any government program, insurance company, or other third parties. I understand that I will remain responsible for any amount not paid by insurance or a third party. If the Patient's account becomes delinquent, I agree to pay interest and fees according to TVHC's policies, including but not limited to reasonable costs of collection, collection agency fees, attorney's fees, and court costs. I agree that any overpayments collected for Patient's admission or treatment on this occasion may be applied directly to any delinquent account of Patient.
- 3. Assignment and Authorization.** I hereby assign and authorize direct payment to TVHC of any payments or other benefits to which I or the Patient may be entitled from any government program, insurance company, or other entity that is or may be liable for costs associated with Patient's care. I agree that this assignment will not be withdrawn or voided at any time until Patient's account is paid in full. To the extent such authorization is required by applicable regulations, I hereby authorize TVHC or any other holder of medical information about the Patient to release such information to the Centers for Medicare and Medicaid Services and its agents as necessary to determine benefits payable for services provided to Patient. This authorization shall not modify or limit TVHC's right to use or disclose protected health information as otherwise allowed by applicable law or TVHC's Notice of Privacy Practices.
- 4. Billing Practices.** I understand and agree that any quote of charges for services rendered and/or insurance benefits available are estimates based upon the best information available at the time. I understand and agree that TVHC will require payment of all accounts at the time the services are rendered unless TVHC has expressly agreed to contrary arrangements. Where insurance is available, TVHC will bill and allow a reasonable time for the insurance company to pay. I agree to release all or any part of the Patient's record for this encounter to any person, party, or corporation which is, or may be, liable to TVHC, to the Patient, or to the Patient's family for all or part of TVHC's charges. I will be responsible for any amount not covered by insurance. Payment is due upon receipt of the bill.

PATIENT CONTACT AND COMMUNICATION. I authorize TVHC and its designees to deliver messages containing account, marketing, or other non-health care messages to the phone number(s) I have provided via an automatic telephone dialing system or an artificial or prerecorded voice.



***Get vaccinated.
Get your smartphone.
Get started with v-safe.***

What is v-safe?

V-safe is a smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins after you receive a COVID-19 vaccination. Through **v-safe**, you can quickly tell CDC if you have any side effects after getting the COVID-19 vaccine. Depending on your answers, someone from CDC may call to check on you. And **v-safe** will remind you to get your second COVID-19 vaccine dose if you need one.

Your participation in CDC's **v-safe** makes a difference—it helps keep COVID-19 vaccines safe.

How can I participate?

Once you get a COVID-19 vaccine, you can enroll in **v-safe** using your smartphone. Participation is voluntary and you can opt out at any time. You will receive text messages from **v-safe** around 2 p.m. local time. To opt out, simply text "STOP" when **v-safe** sends you a text message. You can also start **v-safe** again by texting "START."

How long do v-safe check-ins last?

During the first week after you get your vaccine, **v-safe** will send you a text message each day to ask how you are doing. Then you will get check-in messages once a week for up to 5 weeks. The questions **v-safe** asks should take less than 5 minutes to answer. If you need a second dose of vaccine, **v-safe** will provide a new 6-week check-in process so you can share your second-dose vaccine experience as well. You'll also receive check-ins 3, 6, and 12 months after your final dose of vaccine.

Is my health information safe?

Yes. Your personal information in **v-safe** is protected so that it stays confidential and private.*

*To the extent **v-safe** uses existing information systems managed by CDC, FDA, and other federal agencies, the systems employ strict security measures appropriate for the data's level of sensitivity.



v-safeSM
after vaccination
health checker

Use your smartphone to tell CDC about any side effects after getting the COVID-19 vaccine. You'll also get reminders if you need a second vaccine dose.



Sign up with your
smartphone's browser at
vsafe.cdc.gov

OR

Aim your smartphone's
camera at this code

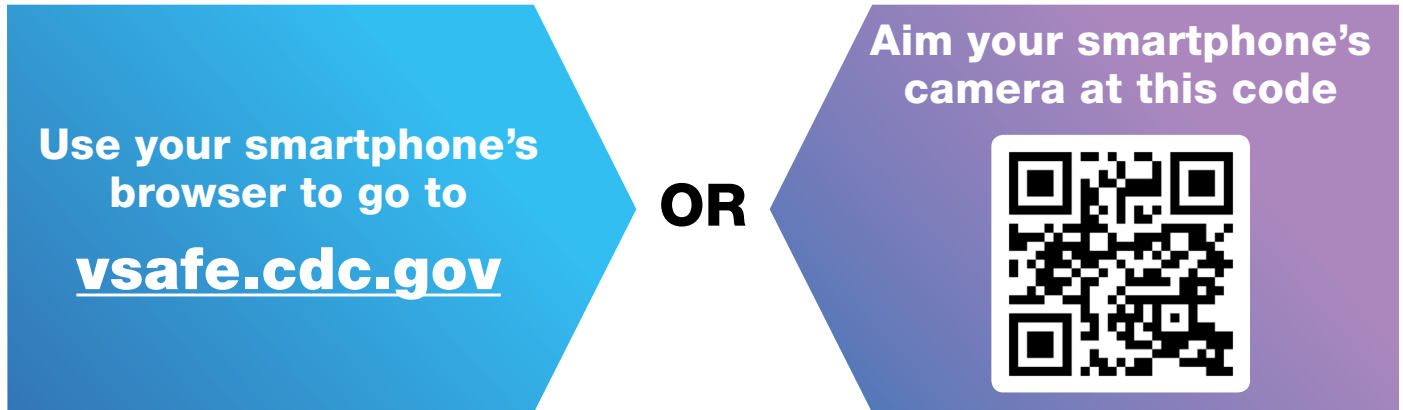


How to register and use v-safe

You will need your smartphone and information about the COVID-19 vaccine you received. This information can be found on your vaccination record card; if you cannot find your card, please contact your healthcare provider.

Register

1. Go to the **v-safe** website using one of the two options below:



2. Read the instructions. Click **Get Started**.
3. Enter your name, mobile number, and other requested information. Click **Register**.
4. You will receive a text message with a verification code on your smartphone. Enter the code in **v-safe** and click **Verify**.
5. At the top of the screen, click **Enter vaccine information**.
6. Select which COVID-19 vaccine you received (found on your vaccination record card; if you cannot find your card, please contact your healthcare provider). Then enter the date you were vaccinated. Click **Next**.
7. Review your vaccine information. If correct, click **Submit**. If not, click **Go Back**.
8. **Congrats! You're all set!** If you complete your registration before 2 p.m. local time, **v-safe** will start your initial health check-in around 2 p.m. that day. If you register after 2 p.m., **v-safe** will start your initial health check-in immediately after you register—just follow the instructions. You will receive a reminder text message from v-safe when it's time for the next check-in — around 2 p.m. local time. Just click the link in the text message to start the check-in.

Complete a v-safe health check-in

1. When you receive a **v-safe** check-in text message on your smartphone, click the link when ready.
2. Follow the instructions to complete the check-in.

Troubleshooting

How can I come back and finish a check-in later if I'm interrupted?

- Click the link in the text message reminder to restart and complete your check-in.

How do I update my vaccine information after my second COVID-19 vaccine dose?

- **V-safe** will automatically ask you to update your second dose information. Just follow the instructions.

Need help with v-safe?

Call 800-CDC-INFO (800-232-4636)

TTY 888-232-6348

Open 24 hours, 7 days a week

Visit www.cdc.gov/vsafe



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

You are being offered the Pfizer-BioNTech COVID-19 Vaccine to prevent Coronavirus Disease 2019 (COVID-19) caused by SARS-CoV-2. This Fact Sheet contains information to help you understand the risks and benefits of the Pfizer-BioNTech COVID-19 Vaccine, which you may receive because there is currently a pandemic of COVID-19.

The Pfizer-BioNTech COVID-19 Vaccine is a vaccine and may prevent you from getting COVID-19. There is no U.S. Food and Drug Administration (FDA) approved vaccine to prevent COVID-19.

Read this Fact Sheet for information about the Pfizer-BioNTech COVID-19 Vaccine. Talk to the vaccination provider if you have questions. It is your choice to receive the Pfizer-BioNTech COVID-19 Vaccine.

The Pfizer-BioNTech COVID-19 Vaccine is administered as a 2-dose series, 3 weeks apart, into the muscle.

The Pfizer-BioNTech COVID-19 Vaccine may not protect everyone.

This Fact Sheet may have been updated. For the most recent Fact Sheet, please see www.cvdvaccine.com.

WHAT YOU NEED TO KNOW BEFORE YOU GET THIS VACCINE

WHAT IS COVID-19?

COVID-19 disease is caused by a coronavirus called SARS-CoV-2. This type of coronavirus has not been seen before. You can get COVID-19 through contact with another person who has the virus. It is predominantly a respiratory illness that can affect other organs. People with COVID-19 have had a wide range of symptoms reported, ranging from mild symptoms to severe illness. Symptoms may appear 2 to 14 days after exposure to the virus. Symptoms may include: fever or chills; cough; shortness of breath; fatigue; muscle or body aches; headache; new loss of taste or smell; sore throat; congestion or runny nose; nausea or vomiting; diarrhea.

WHAT IS THE PFIZER-BIONTECH COVID-19 VACCINE?

The Pfizer-BioNTech COVID-19 Vaccine is an unapproved vaccine that may prevent COVID-19. There is no FDA-approved vaccine to prevent COVID-19.

The FDA has authorized the emergency use of the Pfizer-BioNTech COVID-19 Vaccine to prevent COVID-19 in individuals 16 years of age and older under an Emergency Use Authorization (EUA).

For more information on EUA, see the “**What is an Emergency Use Authorization (EUA)?**” section at the end of this Fact Sheet.

WHAT SHOULD YOU MENTION TO YOUR VACCINATION PROVIDER BEFORE YOU GET THE PFIZER-BIONTECH COVID-19 VACCINE?

Tell the vaccination provider about all of your medical conditions, including if you:

- have any allergies
- have a fever
- have a bleeding disorder or are on a blood thinner
- are immunocompromised or are on a medicine that affects your immune system
- are pregnant or plan to become pregnant
- are breastfeeding
- have received another COVID-19 vaccine

WHO SHOULD GET THE PFIZER-BIONTECH COVID-19 VACCINE?

FDA has authorized the emergency use of the Pfizer-BioNTech COVID-19 Vaccine in individuals 16 years of age and older.

WHO SHOULD NOT GET THE PFIZER-BIONTECH COVID-19 VACCINE?

You should not get the Pfizer-BioNTech COVID-19 Vaccine if you:

- had a severe allergic reaction after a previous dose of this vaccine
- had a severe allergic reaction to any ingredient of this vaccine.

WHAT ARE THE INGREDIENTS IN THE PFIZER-BIONTECH COVID-19 VACCINE?

The Pfizer-BioNTech COVID-19 Vaccine includes the following ingredients: mRNA, lipids ((4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate), 2 [(polyethylene glycol)-2000]-N,N-ditetradecylacetamide, 1,2-Distearoyl-sn-glycero-3-phosphocholine, and cholesterol), potassium chloride, monobasic potassium phosphate, sodium chloride, dibasic sodium phosphate dihydrate, and sucrose.

HOW IS THE PFIZER-BIONTECH COVID-19 VACCINE GIVEN?

The Pfizer-BioNTech COVID-19 Vaccine will be given to you as an injection into the muscle.

The Pfizer-BioNTech COVID-19 Vaccine vaccination series is 2 doses given 3 weeks apart.

If you receive one dose of the Pfizer-BioNTech COVID-19 Vaccine, you should receive a second dose of this same vaccine 3 weeks later to complete the vaccination series.

HAS THE PFIZER-BIONTECH COVID-19 VACCINE BEEN USED BEFORE?

The Pfizer-BioNTech COVID-19 Vaccine is an unapproved vaccine. In clinical trials, approximately 20,000 individuals 16 years of age and older have received at least 1 dose of the Pfizer-BioNTech COVID-19 Vaccine.

WHAT ARE THE BENEFITS OF THE PFIZER-BIONTECH COVID-19 VACCINE?

In an ongoing clinical trial, the Pfizer-BioNTech COVID-19 Vaccine has been shown to prevent COVID-19 following 2 doses given 3 weeks apart. The duration of protection against COVID-19 is currently unknown.

WHAT ARE THE RISKS OF THE PFIZER-BIONTECH COVID-19 VACCINE?

There is a remote chance that the Pfizer-BioNTech COVID-19 Vaccine could cause a severe allergic reaction. A severe allergic reaction would usually occur within a few minutes to one hour after getting a dose of the Pfizer-BioNTech COVID-19 Vaccine. For this reason, your vaccination provider may ask you to stay at the place where you received your vaccine for monitoring after vaccination. Signs of a severe allergic reaction can include:

- Difficulty breathing
- Swelling of your face and throat
- A fast heartbeat
- A bad rash all over your body
- Dizziness and weakness

Side effects that have been reported with the Pfizer-BioNTech COVID-19 Vaccine include:

- severe allergic reactions
- non-severe allergic reactions such as rash, itching, hives, or swelling of the face
- injection site pain
- tiredness
- headache
- muscle pain
- chills
- joint pain
- fever
- injection site swelling
- injection site redness
- nausea
- feeling unwell
- swollen lymph nodes (lymphadenopathy)
- diarrhea
- vomiting
- arm pain

These may not be all the possible side effects of the Pfizer-BioNTech COVID-19 Vaccine. Serious and unexpected side effects may occur. Pfizer-BioNTech COVID-19 Vaccine is still being studied in clinical trials.

WHAT SHOULD I DO ABOUT SIDE EFFECTS?

If you experience a severe allergic reaction, call 9-1-1, or go to the nearest hospital.

Call the vaccination provider or your healthcare provider if you have any side effects that bother you or do not go away.

Report vaccine side effects to FDA/CDC Vaccine Adverse Event Reporting System (VAERS). The VAERS toll-free number is 1-800-822-7967 or report online to <https://vaers.hhs.gov/reportevent.html>. Please include "Pfizer-BioNTech COVID-19 Vaccine EUA" in the first line of box #18 of the report form.

In addition, you can report side effects to Pfizer Inc. at the contact information provided below.

Website	Fax number	Telephone number
www.pfizersafetyreporting.com	1-866-635-8337	1-800-438-1985

You may also be given an option to enroll in v-safe. V-safe is a new voluntary smartphone-based tool that uses text messaging and web surveys to check in with people who have been vaccinated to identify potential side effects after COVID-19 vaccination. V-safe asks questions that help CDC monitor the safety of COVID-19 vaccines. V-safe also provides second-dose reminders if needed and live telephone follow-up by CDC if participants report a significant health impact following COVID-19 vaccination. For more information on how to sign up, visit: www.cdc.gov/vsafe.

WHAT IF I DECIDE NOT TO GET THE PFIZER-BIONTECH COVID-19 VACCINE?

It is your choice to receive or not receive the Pfizer-BioNTech COVID-19 Vaccine. Should you decide not to receive it, it will not change your standard medical care.

ARE OTHER CHOICES AVAILABLE FOR PREVENTING COVID-19 BESIDES PFIZER-BIONTECH COVID-19 VACCINE?

Currently, there is no approved alternative vaccine available for prevention of COVID-19. Other vaccines to prevent COVID-19 may be available under Emergency Use Authorization.

CAN I RECEIVE THE PFIZER-BIONTECH COVID-19 VACCINE WITH OTHER VACCINES?

There is no information on the use of the Pfizer-BioNTech COVID-19 Vaccine with other vaccines.

WHAT IF I AM PREGNANT OR BREASTFEEDING?

If you are pregnant or breastfeeding, discuss your options with your healthcare provider.

WILL THE PFIZER-BIONTECH COVID-19 VACCINE GIVE ME COVID-19?

No. The Pfizer-BioNTech COVID-19 Vaccine does not contain SARS-CoV-2 and cannot give you COVID-19.


KEEP YOUR VACCINATION CARD

When you get your first dose, you will get a vaccination card to show you when to return for your second dose of Pfizer-BioNTech COVID-19 Vaccine. Remember to bring your card when you return.

ADDITIONAL INFORMATION

If you have questions, visit the website or call the telephone number provided below.

To access the most recent Fact Sheets, please scan the QR code provided below.

Global website	Telephone number
www.cvdvaccine.com 	1-877-829-2619 (1-877-VAX-CO19)

HOW CAN I LEARN MORE?

- Ask the vaccination provider.
- Visit CDC at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.
- Visit FDA at <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization>.
- Contact your local or state public health department.

WHERE WILL MY VACCINATION INFORMATION BE RECORDED?

The vaccination provider may include your vaccination information in your state/local jurisdiction's Immunization Information System (IIS) or other designated system. This will ensure that you receive the same vaccine when you return for the second dose. For more information about IISs visit: <https://www.cdc.gov/vaccines/programs/iis/about.html>.

CAN I BE CHARGED AN ADMINISTRATION FEE FOR RECEIPT OF THE COVID-19 VACCINE?

No. At this time, the provider cannot charge you for a vaccine dose and you cannot be charged an out-of-pocket vaccine administration fee or any other fee if only receiving a COVID-19 vaccination. However, vaccination providers may seek appropriate reimbursement from a program or plan that covers COVID-19 vaccine administration fees for the vaccine recipient (private insurance, Medicare, Medicaid, Health

Resources & Services Administration [HRSA] COVID-19 Uninsured Program for non-insured recipients).

WHERE CAN I REPORT CASES OF SUSPECTED FRAUD?

Individuals becoming aware of any potential violations of the CDC COVID-19 Vaccination Program requirements are encouraged to report them to the Office of the Inspector General, U.S. Department of Health and Human Services, at 1-800-HHS-TIPS or <https://TIPS.HHS.GOV>.

WHAT IS THE COUNTERMEASURES INJURY COMPENSATION PROGRAM?

The Countermeasures Injury Compensation Program (CICP) is a federal program that may help pay for costs of medical care and other specific expenses of certain people who have been seriously injured by certain medicines or vaccines, including this vaccine. Generally, a claim must be submitted to the CICP within one (1) year from the date of receiving the vaccine. To learn more about this program, visit www.hrsa.gov/cicp/ or call 1-855-266-2427.

WHAT IS AN EMERGENCY USE AUTHORIZATION (EUA)?

The United States FDA has made the Pfizer-BioNTech COVID-19 Vaccine available under an emergency access mechanism called an EUA. The EUA is supported by a Secretary of Health and Human Services (HHS) declaration that circumstances exist to justify the emergency use of drugs and biological products during the COVID-19 pandemic.

The Pfizer-BioNTech COVID-19 Vaccine has not undergone the same type of review as an FDA-approved or cleared product. FDA may issue an EUA when certain criteria are met, which includes that there are no adequate, approved, available alternatives. In addition, the FDA decision is based on the totality of scientific evidence available showing that the product may be effective to prevent COVID-19 during the COVID-19 pandemic and that the known and potential benefits of the product outweigh the known and potential risks of the product. All of these criteria must be met to allow for the product to be used in the treatment of patients during the COVID-19 pandemic.

The EUA for the Pfizer-BioNTech COVID-19 Vaccine is in effect for the duration of the COVID-19 EUA declaration justifying emergency use of these products, unless terminated or revoked (after which the products may no longer be used).



Manufactured by
Pfizer Inc., New York, NY 10017

BIONTECH

Manufactured for
BioNTech Manufacturing GmbH
An der Goldgrube 12
55131 Mainz, Germany

LAB-1451-4.0
Revised: 06 April 2021



Scan to capture that this Fact Sheet was provided to vaccine recipient for the electronic medical records/immunization information systems.

Barcode Date: 12/2020