Registration Form for COVID Vaccines
Please fill out this form in its entirety.

Patient Name (Last, First)		**Date of Birth** (mm/dd/yyyy)	
Address:	**City:**	**State:**	**Zip Code:**
Phone Number: **Email:** **Marital Status:**		**Emergency Contact**: Name: Relation: Phone:	

Race:
- ☐ Asian
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian
- ☐ Other Pacific Islander
- ☐ White/Latino
- ☐ White/Non-Latino
- ☐ Other Race

Ethnicity:
- ☐ Latino
- ☐ Non-Latino

Latino Origin:
- ☐ Cuban
- ☐ General Latino
- ☐ Mexican/Mexican-American/Chicano
- ☐ Other Spanish/Latino
- ☐ Puerto Rican
- ☐ Unknown

Gender Identity:
- ☐ Male
- ☐ Female
- ☐ Trans M/F
- ☐ Non Binary
- ☐ Other

Preferred Language:

Veteran
- ☐ Yes
- ☐ No

Homeless
- ☐ Yes
- ☐ No

Farmworker
- ☐ Yes
- ☐ No

Income Information

Sea Mar requests this information from all patients for anonymous reporting purposes. Please circle the category that applies to you.

Family Size	Income Level					
1	0 - $12,880	$12,881-$16,100	$16,101-$19,320	$19,321-$22,540	$22,541-$25,760	$25,761+
2	0 - $17,420	$17,421-$21,775	$21,776-$26,130	$26,131-$30,485	$30,486-$34,840	$34,841+
3	0 - $21,960	$21,961-$27,450	$27,451-$32,940	$32,941-$38,430	$38,431-$43,920	$43,921+
4	0 - $26,500	$26,501-$33,125	$33,126-$39,750	$39,751-$46,375	$46,376-$53,000	$53,001+
5	0 - $31,040	$31,041-$38,800	$38,801-$46,560	$46,561-$54,320	$54,321-$62,800	$62,081+
6	0 - $35,580	$35,581-$44,475	$44,476-$53,370	$53,371-$62,265	$62,266-$71,160	$71,161+
7	0 - $40,120	$40,121-$50,150	$50,151-$60,180	$60,181-$70,210	$70,211-$80,240	$80,241+
8	0 - $44,660	$44,661-$55,825	$55,826-$66,990	$66,991-$78,155	$78,156-$89,320	$89,321+
Other (Provide Write-In Household Size and Income):						

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Clínica de la Comunidad
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Notice of Privacy Practices Acknowledgement

The Notice of Privacy Practices for Protected Health Information describes how medical information about you may be used and disclosed, how you can get access to this information and who to contact if you have questions, concerns or complaints.

Sea Mar has the responsibility to protect the privacy of your information, provide a Notice of Privacy Practices, and follow information practices that are described in this notice. If you have any questions, please contact Sea Mar's Vice President of Corporate and Legal Affairs at 206.763.5277.

By signing this form, you acknowledge receipt of Sea Mar Community Health Centers' Notice of Privacy Practices and Patient Rights and Responsibilities. Sea Mar encourages you to review these notices carefully.

I acknowledge receipt of Sea Mar Community Health Centers' Notice of Privacy Practices and Patient Rights and Responsibilities.

_____ _____
Patient or legally authorized individual signature Date Time

_____ _____
Printed name if signed on behalf of the patient Relationship
(parent, legal guardian, personal representative)

Patient Name: <<PName>>
DOB: <<PDOB>>
Patient ID: <<PNumber>>
This form will be retained in your medical record.

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Sliding Fee Scale Application

To comply with federal regulations and provide you a discount on Sea Mar services, it is necessary for you to fill out this form, answer some personal questions, and provide proof of income. Your answers will be kept on file and in strict confidence.

Patient Name:	DOB:	Patient ID:

Household Size:	Annual Income:	☐ I choose NOT to provide my income.

☐ **I choose NOT to apply for the sliding fee scale.** Please sign and date below.

Signature _____ Date _____

☐ **I choose to apply for the sliding fee scale discount.** The sliding fee scale is available for all patients, regardless of insurance status. If you have insurance, the sliding fee scale discount can be applied to charges not covered by insurance. Please complete the entire form to determine eligible discount.

Household Members	NAME	BIRTHDATE (MM/DD/YYYY)	HEALTH INSURANCE	RELATIONSHIP	SEA MAR PATIENT?
1					
2					
3					
4					
5					
6					

SOURCE OF INCOME	ANNUAL INCOME	For You	For Spouse	For Children	For Others	Sub Total
	Gross Wages, Salaries, Tips					$ 0.00
	Social Security & Pensions					$ 0.00
	Annuity & Veteran Benefits					$ 0.00
	Child Support & Alimony					$ 0.00
	Self-Employment & Other					$ 0.00
	For "Other," please explain:					
					TOTAL	$0.00

By signing below, I agree to provide Sea Mar Community Health Centers with a proof of income for all persons listed above. Acceptable proof of income includes, but is not limited to, social security statements, paycheck stubs (two most recent), public assistance letter, tax return form, W-2 form, L&I check stub, unemployment check stub.

I understand that I will be asked to reapply for the sliding fee scale at least once a year so Sea Mar can maintain an updated application on file. I certify that the information provided is accurate and complete to the best of my knowledge. I understand that if I knowingly give false information that results in assistance for which I am not eligible, I will be subject to criminal prosecution. I give my consent to release any and all information from whatever source needed to verify the information I have given.

Signature _____ Date _____

OFFICE USE ONLY

Patient is eligible for Sliding Fee Scale: ☐ Yes ☐ No SFS Status (circle one): A B C D E F

POI Requested:_____Initial: _____ POI Received:_____ Initial: _____

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Authorized Adult Consent For COVID-19 Vaccinations

This form must be signed for patients ages 6 months to 17-years-old receiving the COVID-19 vaccine.

Patient Name:	DOB:	Patient MRN:

Acknowledgement

I have been provided an opportunity to review the COVID-19 Vaccine Fact Sheet for Recipients and Caregivers. I understand that I can review the Pfizer-BioNTech, Moderna, or Novavax (ages 12-17 only) COVID-19 vaccine onsite or online at www.fda.gov or by using the QR Code below.

Authorized Adult Consent

I am authorized to consent for the patient named above to receive this vaccine. I request that the vaccine be given to the patient named above. I understand that the patient should stay at the vaccine location for 15 to 30 minutes after receiving the vaccine to be monitored for potential immediate vaccine-related reactions and side effects and receive medical intervention if needed.

_____ _____

Printed Name of Authorized Adult | Relationship/Authority of Consenting Party

_____ _____

Signature of Authorized Adult | Date

Minor Consent

I am a legally emancipated minor, a minor married to an adult, or have been determined a mature minor. I request that I be given the vaccine. I understand that I should stay at the vaccine location for 15 to 30 minutes after receiving the vaccine to be monitored for potential immediate vaccine-related reactions and side effects and receive medical intervention if needed.

_____ _____

Signature of Emancipated/Married to An Adult Minor/Mature Minor | Date

QR CODE FOR VACCINE FACTSHEETS

Screening and Consent for Moderna COVID-19 Variant-Specific Booster

The following questions will help us determine if there is any reason you should not get the Moderna COVID-19 BOOSTER today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

I request that the Moderna COVID-19 Variant-Specific Booster be given to me or to the person named hereafter for whom I am authorized to make this request (select one): ☐ MYSELF ☐ PERSON NAMED BELOW

Recipient's Information:

Last Name _____ First Name _____ Date of Birth _____ Gender _____

Address: _____

City: _____ State: _____ Zip: _____

Authorized Individual's Information (complete if different from vaccine recipient):

Last Name _____ First Name _____ Date of Birth _____ Gender _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship to recipient: _____

Booster is for (check one): ☐ Physician ☐ Contractor ☐ Employee ☐ Volunteer ☐ Other: _____

Company/Organization: _____

	yes	no	don't know
Have you tested positive for COVID-19 in the past 90 days:	☐	☐	☐
Do you have any of these COVID-related symptoms (fever, cough, shortness of breath, loss of taste and/or smell)	☐	☐	☐
Have you been a close contact of a confirmed COVID case, in the last 14 days?	☐	☐	☐
1. Are you 6 months or older of age as of today?	☐	☐	☐
2. Have you had a vaccine in the past 2 weeks?	☐	☐	☐
3. Are you sick today (aside from COVID symptoms)?	☐	☐	☐
4. Do you have an allergy to a component of the vaccine? (Lipids, tromethamine, tromethamine hydrochloride, acetic acid, sodium acetate, sucrose)	☐	☐	☐
5. Have you ever had a serious reaction to a vaccine in the past? (hives, itching, difficulty breathing)	☐	☐	☐
6. Have you EVER had anaphylaxis (severe, potentially life-threatening allergic reaction), NOT related to an injection?	☐	☐	☐
7. FOR FEMALES ONLY: Could you be pregnant or breastfeeding?	☐	☐	N/A
8. Have you ever fainted or felt lightheaded after receiving an injection or having blood drawn?	☐	☐	☐

I know the Food and Drug Administration (FDA) has authorized the emergency use of this vaccine. I know it is not a fully licensed FDA vaccine. I was asked to join the V-SAFE program. The program does health checks on the people who get the COVID-19 vaccine. I know I should report vaccine side effects to FDA/CDC Vaccine Adverse Event Reporting System (VAERS) at 1-800-822-7967 or https://vaers.hhs.gov/reportevent.html.

I know I must have completed the primary series of an authorized COVID-19 vaccine before this booster.
I have been given a copy and have read or have had explained to me, the information in the Fact Sheet for the Moderna

COVID-19 Variant-Specific Booster. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the vaccine.

Vaccine: Moderna COVID-19 Variant-Specific Booster ☐Accept Immunization ☐Decline Immunization

NAME: _____ DOB: _____ MRN: _____

PATIENT SIGNATURE:_____ Date: _____

FOR CLINIC STAFF ONLY:

WAIIS reviewed – dose giving today: Booster □ (date of last primary or booster dose: _____)

**** If yes to any questions, consult with medical provider or pharmacist**

MEDICAL PROVIDER/PHARMACIST SIGNATURE _____

VACCINE NAME_____LOT #_____EXP DATE_____INTIALS_____

COVID screening question follow up:

1. if patient has a positive COVID test, when doses are limited this group should be vaccinated at a later date
2. if symptoms – test for COVID and wait for negative PCR to vaccinate. If positive, see #1. If negative, vaccinate
3. If patient is a close contact of someone who tested positive for COVID within 14 days,
    a. persons in the community or outpatient setting who have had a known COVID-19 exposure should notseek vaccination until their quarantine period has ended to avoid potentially exposing healthcare personnel and other persons to SARS-CoV-2 during the vaccination visit.
    b. Healthcare workers and first responders – vaccinate

Have you had a vaccine in the past 2 weeks?

- The Moderna Bivalent Booster series may be administered at the same time as other routine vaccines, including the flu vaccine.

Is the person to be vaccinated sick today (aside from COVID symptoms)?

- Aside from COVID symptoms – evaluate as would normally for vaccines (afebrile, etc)
- Provider must assess situation and sign off

Does the person to be vaccinated have an allergy to a component of the vaccine?
(Lipids, tromethamine, tromethamine hydrochloride, acetic acid, sodium acetate, sucrose)

Has the person to be vaccinated ever had a serious reaction to a vaccine in the past? (hives, itching, difficulty breathing)

- **Do not vaccinate at this time, per ACIP**

Has the person to be vaccinated EVER had anaphylaxis to a NON-injectable agent?

- If yes – must observe for 30minutes post-dose vs 15 minutes
- If it was to an injectable (vaccine, drug) – DO NOT VACCINATE

Is the person to be vaccinated pregnant or breastfeeding?

- ACOG recommendations are to vaccinate patients who are pregnant
- There is not current data for use during breastfeeding, this should be discussed with a provider

Reference: https://www.cdc.gov/mmwr/volumes/69/wr/mm695152e1.htm
https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations-process.html

FACT SHEET FOR RECIPIENTS AND CAREGIVERS ABOUT MODERNA COVID-19 VACCINE, BIVALENT WHICH HAS EMERGENCY USE AUTHORIZATION (EUA) TO PREVENT CORONAVIRUS DISEASE 2019 (COVID-19)

You or your child is being offered the Moderna COVID-19 Vaccine, Bivalent to prevent coronavirus disease 2019 (COVID-19) which is caused by the virus SARS-CoV-2. This fact sheet contains information to help you understand the risks and benefits of the Moderna COVID-19 Vaccine, Bivalent which you or your child may receive because there is currently a pandemic of COVID-19. Talk to your vaccination provider if you have questions.

This Fact Sheet may have been updated. For the most recent Fact Sheet, please see www.modernatx.com/covid19vaccine-eua.

The U.S. Food and Drug Administration (FDA) has issued an Emergency Use Authorization (EUA) to make the Moderna COVID-19 Vaccine, Bivalent available during the COVID-19 pandemic (for more details about an EUA please see "**What is an Emergency Use Authorization?**" at the end of this document). The Moderna COVID-19 Vaccine, Bivalent is not an FDA-approved vaccine in the United States. Read this Fact Sheet for information about the Moderna COVID-19 Vaccine, Bivalent.

WHAT IS COVID-19?

COVID-19 is caused by a coronavirus called SARS-CoV-2. You can get COVID-19 through close 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 leading to death. 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 MODERNA COVID-19 VACCINE, BIVALENT?

Moderna COVID-19 Vaccine, Bivalent is a vaccine for use in individuals 6 months of age and older to prevent COVID-19.[1] The FDA has authorized the emergency use of the Moderna COVID-19 Vaccine, Bivalent under an EUA.

The Moderna COVID-19 Vaccine, Bivalent may not protect everyone.

[1] Moderna COVID-19 Vaccine, Bivalent encodes the spike protein of the Original SARS-CoV-2 and the Omicron BA.4/BA.5 SARS-CoV-2.

WHAT SHOULD YOU MENTION TO THE VACCCINATION PROVIDER BEFORE YOU OR YOUR CHILD GET MODERNA COVID-19 VACCINE, BIVALENT?

Tell the vaccination provider about all your or your child's medical conditions, including if you or your child:

- have any allergies
- have had myocarditis (inflammation of the heart muscle) or pericarditis (inflammation of the lining outside the heart)
- have a fever
- have a bleeding disorder or are on a blood thinner
- are immunocompromised or are on a medicine that affects your or your child's immune system
- are pregnant or plan to become pregnant
- are breastfeeding
- have received another COVID-19 vaccine
- have ever fainted in association with an injection

HOW IS THE VACCINE GIVEN?

Moderna COVID-19 Vaccine, Bivalent is given as an injection into the muscle.

Individuals 6 months through 5 years of age:

- **Unvaccinated individuals:** Two doses of Moderna COVID-19 Vaccine, Bivalent are administered. The second dose is administered 1 month after the first.
- **Individuals who have received one dose of Moderna COVID-19 Vaccine:**[2] A single dose of Moderna COVID-19 Vaccine, Bivalent is administered 1 month after the dose of Moderna COVID-19 Vaccine.
- **Individuals who have received two doses of Moderna COVID-19 Vaccine:** A single dose of Moderna COVID-19 Vaccine, Bivalent is administered at least 2 months after the last dose of Moderna COVID-19 Vaccine.

Individuals 6 years of age and older:

- **Unvaccinated individuals:** A single dose of Moderna COVID-19 Vaccine, Bivalent.
- **Individuals who have received one or more doses of any monovalent COVID-19 vaccine:**[3] A single dose of Moderna COVID-19 Vaccine, Bivalent is administered at least 2 months after any monovalent COVID-19 vaccine.
- **Individuals 65 years of age and older who have received one dose of a bivalent COVID-19 vaccine:** A dose of Moderna COVID-19 Vaccine, Bivalent may be administered at least 4 months after the dose of the bivalent COVID-19 vaccine.

[2] Moderna COVID-19 Vaccine, a monovalent vaccine, encodes the spike protein of only the Original SARS-CoV-2.
[3] Monovalent refers to any COVID-19 vaccine that contains or encodes the spike protein of only the Original SARS-CoV-2.

Immunocompromised individuals 6 months of age and older:

- For immunocompromised individuals 6 months through 5 years of age who have received two doses (Moderna COVID-19 Vaccine or Moderna COVID-19 Vaccine, Bivalent), a single additional dose of Moderna COVID-19 Vaccine, Bivalent may be administered at least 1 month following the most recent dose of Moderna COVID-19 Vaccine, Bivalent; additional doses of Moderna COVID-19 Vaccine, Bivalent may be administered at the discretion of the healthcare provider, taking into consideration the individual's clinical circumstances.
- For immunocompromised individuals 6 years of age and older, a single additional age-appropriate dose of Moderna COVID-19 Vaccine, Bivalent may be administered at least 2 months following the initial dose of a bivalent COVID-19 vaccine; additional age-appropriate doses of Moderna COVID-19 Vaccine, Bivalent may be administered at the discretion of the healthcare provider, taking into consideration the individual's clinical circumstances.

WHO SHOULD NOT GET MODERNA COVID-19 VACCINE, BIVALENT?

A person should not get Moderna COVID-19 Vaccine, Bivalent if they had:

- a severe allergic reaction after a previous dose of Moderna COVID-19 Vaccine[4] Moderna COVID-19 Vaccine, Bivalent, or SPIKEVAX (COVID-19 Vaccine, mRNA).[5]
- a severe allergic reaction to any ingredient in these vaccines.

WHAT ARE THE INGREDIENTS IN THIS VACCINE?

Moderna COVID-19 Vaccine, Bivalent 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 trihydrate, and sucrose.

HAS THIS VACCINE BEEN USED BEFORE?

Millions of individuals 6 months of age and older have received Moderna COVID-19 Vaccine, Bivalent (Original and Omicron BA.4/BA.5) under EUA.

In addition, millions of individuals 6 months of age and older have received the monovalent Moderna COVID-19 Vaccine under EUA. In clinical trials, approximately 5,000 individuals 6 months through 5 years of age, 4,000 individuals 6 years through 11 years of age, and 30,000 individuals 12 years of age and older have received at least 1 dose of Moderna COVID-19 Vaccine.

The Moderna COVID-19 Vaccine, Bivalent is made in the same way as the Moderna COVID-19 Vaccine, but it also contains an Omicron component to help prevent COVID-19 caused by the Omicron variant of SARS-CoV-2.

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[4] Moderna COVID-19 Vaccine, a monovalent vaccine, encodes the spike protein of only the Original SARS-CoV-2.
[5] SPIKEVAX (COVID-19 Vaccine, mRNA) is an FDA-approved COVID-19 vaccine made by ModernaTX, Inc. SPIKEVAX encodes the spike protein of only the Original SARS-CoV-2.

WHAT ARE THE BENEFITS OF MODERNA COVID-19 VACCINE, BIVALENT?
FDA has authorized Moderna COVID-19 Vaccine, Bivalent to provide protection against COVID-19.

The duration of protection against COVID-19 is currently unknown.

WHAT ARE THE RISKS OF MODERNA COVID-19 VACCINE, BIVALENT?
There is a remote chance that the 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. For this reason, the vaccination provider may ask you or your child to stay at the place where you or your child received the vaccine for monitoring after vaccination. Signs of a severe allergic reaction can include:

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

Myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the lining outside the heart) have occurred in some people who have received Moderna COVID-19 Vaccine, Bivalent, Moderna COVID-19 Vaccine, or SPIKEVAX, more commonly in adult males under 40 years of age than among females and older males. In most of these people, symptoms began within a few days following vaccination. The chance of having this occur is very low. You should seek medical attention right away if you or your child have any of the following symptoms after receiving the vaccine:

- Chest pain
- Shortness of breath or difficulty breathing
- Feelings of having a fast-beating, fluttering, or pounding heart

Additional symptoms, particularly in children, may include:

- Fainting
- Unusual and persistent irritability
- Unusual and persistent poor feeding
- Unusual and persistent fatigue or lack of energy
- Persistent vomiting
- Persistent pain in the abdomen
- Unusual and persistent cool, pale skin

Side effects that have been reported in clinical trials with Moderna COVID-19 Vaccine, Bivalent or Moderna COVID-19 Vaccine include:

- Injection site reactions: pain, tenderness and swelling of the lymph nodes in the same arm of the injection or in the groin, swelling (hardness), and redness
- General side effects: fatigue, headache, muscle pain, joint pain, chills, nausea and vomiting, fever, rash, irritability/crying, sleepiness, and loss of appetite

Side effects that have been reported during post-authorization use include:

- Severe allergic reactions
- Urticaria (itchy rash/hives)
- Myocarditis (inflammation of the heart muscle)
- Pericarditis (inflammation of the lining outside the heart)
- Fainting in association with injection of the vaccine

These may not be all the possible side effects. Serious and unexpected side effects may occur. The possible side effects are still being studied.

WHAT SHOULD I DO ABOUT SIDE EFFECTS?
If you or your child experience a severe allergic reaction, call 9-1-1, or go to the nearest hospital.

Call the vaccination provider or your or your child's healthcare provider if you or your child 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 "Moderna COVID-19 Vaccine, Bivalent EUA" in the first line of box #18 of the report form.

In addition, you can report side effects to ModernaTX, Inc. at 1-866-MODERNA (1-866-663-3762).

You may also be given an option to enroll in **v-safe**. **V-safe** is a 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 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 OR NOT TO HAVE MY CHILD GET MODERNA COVID-19 VACCINE, BIVALENT?
Under the EUA, there is an option to accept or refuse receiving this vaccine. Should you decide not to receive, or for your child not to receive, this vaccine, it will not change the standard medical care.

ARE THERE OTHER VACCINES FOR PREVENTING COVID-19 BESIDES MODERNA COVID-19 VACCINE, BIVALENT?
Other vaccines to prevent COVID-19 may be available under EUA, including bivalent vaccines that contain an Omicron component of SARS-CoV-2. SPIKEVAX (COVID-19 Vaccine, mRNA) and COMIRNATY (COVID-19 Vaccine, mRNA) are FDA-approved monovalent COVID-19 vaccines.

CAN I OR MY CHILD RECEIVE MODERNA COVID-19 VACCINE, BIVALENT AT THE SAME TIME AS OTHER VACCINES?
Data have not yet been submitted to FDA on administration of Moderna COVID-19 Vaccine, Bivalent at the same time as other vaccines. If you are considering receiving or having your child receive Moderna COVID-19 Vaccine, Bivalent with other vaccines, discuss your options with your or your child's healthcare provider.

WHAT IF I AM, OR MY CHILD IS, IMMUNOCOMPROMISED?
Immunocompromised individuals 6 months of age and older may receive one or more additional doses of Moderna COVID-19 Vaccine, Bivalent (see **HOW IS THE VACCINE GIVEN?** above).

Vaccinations may not provide full immunity to COVID-19 in people who are immunocompromised; therefore, you or your child should continue to maintain physical precautions to help prevent COVID-19. Your close contacts should be vaccinated as appropriate.

WHAT ABOUT PREGNANCY OR BREASTFEEDING?
If you are, or your child is, pregnant or breastfeeding, discuss the options with your healthcare provider.

WILL THIS VACCINE GIVE ME OR MY CHILD COVID-19?
No. These vaccines do not contain SARS-CoV-2 and cannot give you or your child COVID-19.

KEEP THE VACCINATION CARD
When you, or your child, receive the first COVID-19 vaccine, you will get a vaccination card. Remember to bring the card if you receive additional doses.

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.

Moderna COVID-19 Vaccine website	Telephone number
www.modernatx.com/covid19vaccine-eua	1-866-MODERNA (1-866-663-3762)

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 state or local public health department

WHERE WILL VACCINATION INFORMATION BE RECORDED?
The vaccination provider may include your or your child's vaccination information in your state/local jurisdiction's Immunization Information System (IIS) or other designated system. 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 THIS 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, 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 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 FDA has made Moderna COVID-19 Vaccine, Bivalent available under an emergency access mechanism call an EUA. An 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. A product authorized for emergency use has not undergone the same type of review by FDA as an FDA-approved product.

FDA may issue an EUA when certain criteria are met, which includes that there are no adequate, approved, and available alternatives. In addition, the FDA decision is based on the totality of the 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 under EUA during the COVID-19 pandemic.

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

Moderna US, Inc.
Princeton, NJ 08540

Patent(s): www.modernatx.com/patents
Revised: Apr/17/2023

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

GDTI: 0886983000592

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?

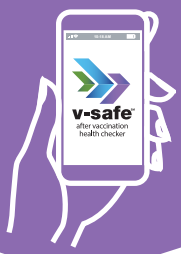
During the first week after you get your vaccine, ***v-safe*** will send you a text message each day to ask how you are doing. Then you will get check-in messages once a week for up to 5 weeks. The questions ***v-safe*** asks should take less than 5 minutes to answer. If you need a second dose of vaccine, ***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.*

v-safe℠
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

*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.

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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:

Use your smartphone's browser to go to

vsafe.cdc.gov

OR

Aim your smartphone's camera at this code

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 2pm 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