

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: | | Emergency Contact: | |
| Email: | | Name: | |
| Marital Status: | | Relation: | Phone: |
| Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> White/Latino <input type="checkbox"/> White/Non-Latino <input type="checkbox"/> Other Race | | Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans M/F <input type="checkbox"/> Non Binary <input type="checkbox"/> Other | |
| Ethnicity: <input type="checkbox"/> Latino <input type="checkbox"/> Non-Latino | | Preferred Language: | |
| Latino Origin: <input type="checkbox"/> Cuban <input type="checkbox"/> General Latino <input type="checkbox"/> Mexican/Mexican-American/Chicano <input type="checkbox"/> Other Spanish/Latino <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Unknown | | Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Homeless <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Farmworker <input type="checkbox"/> Yes <input type="checkbox"/> 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 | \$62,801+ |
| 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): | | | | | | |



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.

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: | <input type="checkbox"/> 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: _____

Screening and Consent for Moderna COVID 19 Vaccine

18 YEARS AND OLDER

The following questions will help us determine if there is any reason you should not get the Moderna COVID-19 VACCINE 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.

| | yes | no | don't know |
|--|--------------------------|--------------------------|--------------------------|
| Have you tested positive for COVID-19 in the past 90 days: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have any of these COVID-related symptoms (fever, cough, shortness of breath, loss of taste and/or smell) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you been a close contact of a confirmed COVID case, in the last 14 days? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. Are you 18 years of age or older as of today? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you had a vaccine in the past 2 weeks? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you sick today (aside from COVID symptoms)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have an allergy to a component of the vaccine? (Lipids, tromethamine, tromethamine hydrochloride, acetic acid, sodium acetate, sucrose) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever had a serious reaction to a vaccine in the past? (hives, itching, difficulty breathing) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you EVER had anaphylaxis (severe, potentially life-threatening allergic reaction), NOT related to an injection? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. FOR FEMALES ONLY: Could you be pregnant or breastfeeding? | <input type="checkbox"/> | <input type="checkbox"/> | N/A |
| 8. Have you ever fainted or felt lightheaded after receiving an injection or having blood drawn? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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 get two doses of the COVID-19 vaccine and receive the same vaccine each time.

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 VACCINE. 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 VACCINE
Immunization

Accept Immunization Decline

NAME: _____ DOB: _____ MRN: _____

PATIENT SIGNATURE: _____ Date: _____

FOR CLINIC STAFF ONLY:

WAIS reviewed – dose giving today: 1st 2nd (date of first dose: _____)

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

MEDICAL PROVIDER/PHARMACIST SIGNATURE _____

VACCINE NAME _____ LOT # _____ EXP DATE _____ INITIALS _____

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 not seek 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?

- Given the lack of data on the safety and efficacy of Moderna COVID-19 vaccine administered simultaneously with other vaccines, the Moderna vaccine series should be administered alone. The second dose should be given on day 28 from 1st dose.
- Watch for new hire vaccinations and prioritize COVID vaccine above others.

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, potassium chloride, monobasic potassium phosphate, sodium chloride, dibasic sodium phosphate dihydrate, and 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 30 minutes 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/mm69152e1.htm> <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations-process.html>

FACT SHEET FOR RECIPIENTS AND CAREGIVERS
EMERGENCY USE AUTHORIZATION (EUA) OF
THE MODERNA COVID-19 VACCINE TO PREVENT CORONAVIRUS DISEASE 2019
(COVID-19) IN INDIVIDUALS 18 YEARS OF AGE AND OLDER

You are being offered the Moderna 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 Moderna COVID-19 Vaccine, which you may receive because there is currently a pandemic of COVID-19.

The Moderna COVID-19 Vaccine is a vaccine and may prevent you from getting COVID-19.

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

The Moderna COVID-19 Vaccine has received EUA from FDA to provide:

- a two-dose primary series to individuals 18 years of age and older;
- a third primary series dose to individuals 18 years of age and older who have been determined to have certain kinds of immunocompromise;
- a single booster dose to the individuals 18 years of age and older who have completed a primary series with the Moderna COVID-19 Vaccine; and
- a single booster dose to individuals 18 years of age and older who have completed primary vaccination with a different authorized or approved COVID-19 vaccine.

The Moderna COVID-19 Vaccine may not protect everyone.

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

WHAT YOU NEED TO KNOW BEFORE YOU GET THIS VACCINE

WHAT IS COVID-19?

COVID-19 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 MODERNA COVID-19 VACCINE?

The Moderna COVID-19 Vaccine is an unapproved vaccine that may prevent COVID-19.

The FDA has authorized the emergency use of the Moderna COVID-19 Vaccine to prevent COVID-19 in individuals 18 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 MODERNA COVID-19 VACCINE?

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

- 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 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

WHO SHOULD GET THE MODERNA COVID-19 VACCINE?

FDA has authorized the emergency use of the Moderna COVID-19 Vaccine in individuals 18 years of age and older.

WHO SHOULD NOT GET THE MODERNA COVID-19 VACCINE?

You should not get the Moderna 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 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 trihydrate, and sucrose.

HOW IS THE MODERNA COVID-19 VACCINE GIVEN?

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

Primary Series: The Moderna COVID-19 Vaccine is administered as a 2-dose series, one month apart. A third primary series dose may be administered at least one month after the second dose to individuals who are determined to have certain kinds of immunocompromise.

Booster Dose:

- A single booster dose of the Moderna COVID-19 Vaccine may be administered at least 5 months after completion of a primary series of the Moderna COVID-19 Vaccine in individuals 18 years of age and older.
- A single booster dose of the Moderna COVID-19 Vaccine may be administered to individuals 18 years of age and older who have completed primary vaccination with a different authorized or approved COVID-19 vaccine. Please check with your healthcare provider regarding timing of the booster dose.

HAS THE MODERNA COVID-19 VACCINE BEEN USED BEFORE?

The Moderna COVID-19 Vaccine is an unapproved vaccine. In clinical trials, approximately 15,400 individuals 18 years of age and older have received at least 1 dose of the Moderna COVID-19 Vaccine. Millions of individuals have received the vaccine under EUA since December 18, 2020.

WHAT ARE THE BENEFITS OF THE MODERNA COVID-19 VACCINE?

In an ongoing clinical trial, the Moderna COVID-19 Vaccine has been shown to prevent COVID-19 following 2 doses given 1 month apart. The duration of protection against COVID-19 is currently unknown.

WHAT ARE THE RISKS OF THE MODERNA COVID-19 VACCINE?

There is a remote chance that the Moderna 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 Moderna 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

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

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

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

- Injection site reactions: pain, tenderness and swelling of the lymph nodes in the same arm

- of the injection, swelling (hardness), and redness
- General side effects: fatigue, headache, muscle pain, joint pain, chills, nausea and vomiting, fever, and rash

Side effects that have been reported during post-authorization use of the Moderna COVID-19 Vaccine include:

- Severe allergic reactions
- 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 of the Moderna COVID-19 Vaccine. Serious and unexpected side effects may occur. The Moderna 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 “Moderna COVID-19 Vaccine 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 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 MODERNA COVID-19 VACCINE?

It is your choice to receive or not receive the Moderna 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 MODERNA COVID-19 VACCINE?

Another choice for preventing COVID-19 is Comirnaty, an FDA-approved COVID-19 vaccine. Other vaccines to prevent COVID-19 may be available under Emergency Use Authorization.

CAN I RECEIVE THE MODERNA COVID-19 VACCINE AT THE SAME TIME AS OTHER VACCINES?

Data have not yet been submitted to FDA on administration of Moderna COVID-19 Vaccine at the same time as other vaccines. If you are considering receiving Moderna COVID-19 Vaccine with other vaccines, discuss your options with your healthcare provider.

WHAT IF I AM IMMUNOCOMPROMISED?

If you are immunocompromised, you may receive a third primary series dose of the Moderna COVID-19 Vaccine. The third dose may still not provide full immunity to COVID-19 in people who are immunocompromised, and you should continue to maintain physical precautions to help prevent COVID-19. In addition, your close contacts should be vaccinated as appropriate.

WHAT IF I AM PREGNANT OR BREASTFEEDING?

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

WILL THE MODERNA COVID-19 VACCINE GIVE ME COVID-19?

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


KEEP YOUR VACCINATION CARD

When you receive your first dose, you will get a vaccination card to show you when to return for your second dose of the Moderna 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.

| 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 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, 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 United States FDA has made the Moderna 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 Moderna 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, 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 during the COVID-19 pandemic.

The EUA for the Moderna 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).

Moderna US, Inc.
Cambridge, MA 02139

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Patent(s): www.modernatx.com/patents

Revised: Jan/7/2022



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

GDTI: 0886983000349



**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.*



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



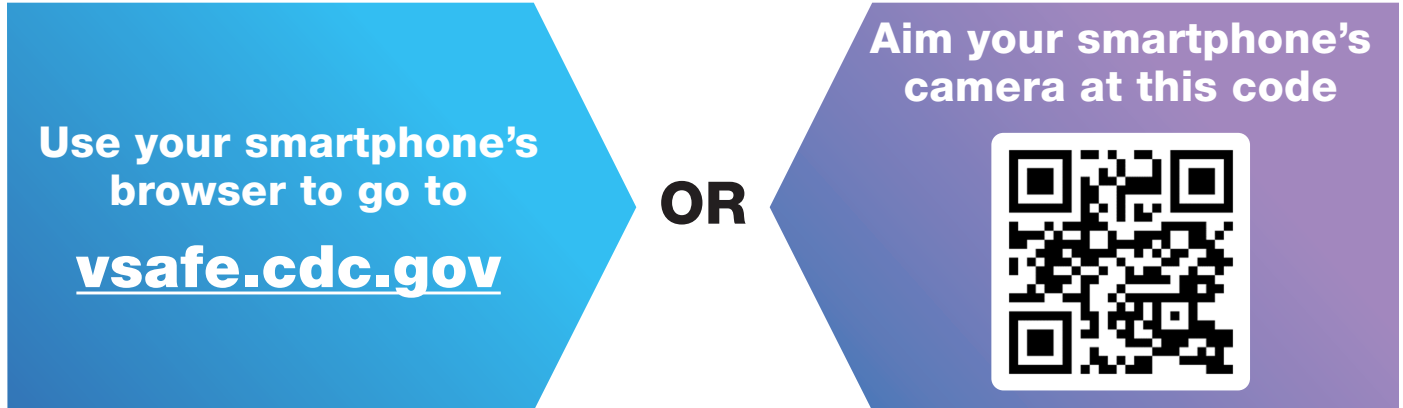
*To the extent **v-safe** uses existing information systems managed by CDC, FDA, and other federal agencies, the systems employ strict security measures appropriate for the data's level of sensitivity.

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 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

