



## COVID-19 Vaccine Information Sheet

### Moderna COVID-19 Vaccine (mRNA-1273 SARS-CoV-2 vaccine)

Please read this information sheet carefully and ensure all your questions have been answered by a health care provider before receiving the vaccine.

The Moderna vaccine was been authorized for use by Health Canada under an Interim Order on December 23, 2020. An Interim Order allows authorization of the vaccine more rapidly to respond to a public health emergency while following requirements to ensure the health and safety of Canadian.

#### What is COVID-19?

- COVID-19 is an infectious disease caused by a new coronavirus (SARS-CoV-2). COVID-19 was recognized for the first time in December 2019 and has since spread around the world to cause a pandemic. The virus that causes COVID-19 is mainly passed from an infected person to others when the infected person coughs, sneezes, sings, talks or breathes. It is important to note that infected people can spread the infection even if they have no symptoms.
- Symptoms of COVID-19 can include cough, shortness of breath, fever, chills, tiredness and loss of smell or taste. Some people infected with the virus have no symptoms at all, while others have symptoms that range from mild to severe.
- Of people diagnosed with COVID-19 in Canada, about 1 in 13 require hospitalization and about 3 out of every 100 people diagnosed with COVID-19 die. Even people with mild symptoms may feel unwell for a long time after a COVID-19 infection.

#### How does the Moderna vaccine protect against COVID-19?

- The vaccine causes our body to produce protection (such as **antibodies**) to help keep us from becoming sick if we are exposed to the COVID-19 virus. The vaccine uses a new method called messenger RNA (mRNA) to help our body make protection against the virus.
- In a large study where people were given 2 doses of the vaccine, the vaccine was shown to work very well at preventing people from becoming sick with COVID-19. The immunized group of people was much less likely (94% less likely) to become sick with COVID-19 in the weeks after vaccination compared to the group that did not receive the vaccine.

#### Who can and cannot receive the COVID-19 vaccine at this time?

- Public health officials will provide information on which groups of people are able to receive the vaccine at this time based on several factors including who is at high risk of COVID-19 infection and severe disease, as well as the amount of vaccine available.
- If you have any symptoms that could be due to COVID-19, you should not go out to get vaccinated because you could spread the infection to others. Talk with your health care provider, or where available, call a health information line, about your symptoms and getting a COVID-19 test. Your health care provider will advise you when you are able to receive the vaccine.

See **Table 1** below for information regarding who can and should not receive the COVID-19 vaccine.

**Table 1: People who can and should not receive the COVID-19 vaccine**

	<p><b>Column 1</b></p> <p><b>CAN RECEIVE</b> the COVID-19 Vaccine</p> <p>People in Column 1 can receive the COVID-19 vaccine except if they are also in Column 2 or 3</p>	<p><b>Column 2</b></p> <p><b>SHOULD NOT ROUTINELY RECEIVE</b> the COVID-19 Vaccine</p> <p>The vaccine has not been studied well enough in people in Column 2. People in Column 2 may be offered vaccine if the benefits outweigh the risks. Those who are at high risk of exposure to COVID-19 infection and/or of <u>developing severe disease</u> should discuss these risks with their health care provider to make a decision about vaccination.</p>	<p>The vaccine should not be used in people in Column 3</p>
<b>Age</b>	18 years of age and over		17 years of age and younger
<b>Feeling unwell with symptoms that could be COVID-19</b>			You should not be vaccinated if you have any <u>symptoms that could be due to COVID-19</u> so that you do not spread infection to others.
<b>Have or had a COVID-19 infection</b>	You can be vaccinated if you are no longer infectious and are feeling better from a COVID-19 infection		You should not be vaccinated while infectious so that you do not spread infection to others, or if you still feel unwell from a recent COVID-19 infection
<b>Pregnancy</b>		Currently pregnant or planning to become pregnant before receiving both doses of COVID-19 vaccine	
<b>Breastfeeding</b>		Currently breastfeeding	
<b>Allergy to polyethylene glycol (PEG)*</b> Talk with your health care provider if you are known to be allergic to polyethylene glycol* or have had an allergic reaction from an unknown cause. See below for more details*			If you have been told you are allergic to polyethylene glycol (PEG)* or have had an allergic reaction from an unknown cause, you should not be vaccinated until it is determined to be safe by an allergist or other health care provider
<b>You had a severe reaction to a previous dose of COVID-19 vaccine, including an allergic reaction</b>			If you had a serious or allergic reaction to a previous dose of COVID-19 vaccine, you should not be vaccinated until it is determined to be safe by an allergist or other health care provider
<b>Medical conditions</b> Talk with the health care provider if you are unsure about your medical conditions		Problems with your immune system from disease or treatment  Autoimmune conditions	



<p><b>You received another vaccine in the past 14 days (not a COVID-19 vaccine)</b></p>			<p>If you received another vaccine (not a COVID-19 vaccine) in the past 14 days, it is best to wait 2 weeks from that last vaccine to receive your COVID-19 vaccine</p>
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\* Polyethylene glycol (PEG) can rarely cause allergic reactions and is found in products such as medications, bowel preparation products for colonoscopy, laxatives, cough syrups, cosmetics, skin creams, medical products used on the skin and during operations, toothpaste, contact lenses and contact lens solution. PEG also can be found in foods or drinks, but is not known to cause allergic reactions from foods or drinks.

**In addition to the information in Table 1, tell the health care provider if:**

- **You have fainted or felt faint after receiving past vaccines or medical procedures.** Your health care provider may recommend that you receive the vaccine lying down to prevent fainting.
- **You have a bleeding disorder or are taking medication that could affect blood clotting.** This information will help the health care provider prevent bleeding or bruising from the needle.

**How is the vaccine administered?**

The vaccine is given as a needle in the upper arm and will require two doses given 28 days apart.

**What are the risks of the vaccine?**

- In a large study, half of the people who received the Moderna vaccine were monitored for at least two months and no serious side effects have been found to-date. People who have received the vaccine in studies continue to be monitored for any longer term side effects.
- Side effects can develop in the day or two after receiving the vaccine. Although these side effects are not serious to your health, they may make you feel unwell for about one to three days; they will go away on their own. These types of side effects are expected and can indicate the vaccine is working to produce protection.
- In the study, side effects included one or more of the following:
  - pain, redness or swelling where the needle was given
  - tiredness
  - headache
  - muscle pain
  - joint pain
  - nausea / vomiting
  - chills
  - fever
  - enlarged lymph nodes (swollen glands) in the underarm.
- Rarely allergic reactions can occur after receiving a vaccine. Symptoms of an allergic reaction include hives (bumps on the skin that are often very itchy), swelling of your face, tongue or throat, or difficulty breathing. The clinic staff are prepared to manage an allergic reaction should it occur. Seek immediate medical care if you develop any of these symptoms.
- It is important to note that **you cannot get COVID-19 infection from the vaccine.**

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Resident Name: \_\_\_\_\_

Health Card Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (yyyy/mm/dd) Age: \_\_\_\_\_

Gender:  Male  Female  Prefer not to say  Prefer to self-describe \_\_\_\_\_

Is this **your first or second dose** of the vaccine?

First  Second

If second, please indicate the date of the first dose, if known: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 yyyy mm dd

**Answer the following questions prior to meeting with the vaccine provider:**

<p><b>Are you feeling ill today?</b>  <b>For Clinic use ( This will be assessed prior to administration of vaccine)</b></p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes  <i>If yes, please provide details</i></p>
<p><b>Have you ever suffered an anaphylactic reaction (severe allergic reaction) to a vaccine or another injectable medication?</b></p> <p><i>If you answer Yes, you may be vaccinated today, but will be observed for 60 minutes post vaccination.</i></p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes  <i>If yes, please provide details</i></p>
<p><b>Have you ever experienced anaphylaxis (severe allergic reaction) to polyethylene glycol (PEG)* or any other ingredient in the vaccine?</b></p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure  <i>If yes, please provide details</i></p>

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*You cannot receive the vaccine (**contraindicated**) if you have a known allergy to any component of the vaccine, including Polyethylene Glycol (PEG).*

*Tell the health care provider if you are allergic to anything that may contain Polyethylene Glycol.*

*If you answer **Yes**, you will not be able to be vaccinated today. We will arrange for you to be assessed by a specialist to ensure that it is safe for you to receive this vaccine.*

*\* Polyethylene glycol (PEG) can rarely cause allergic reactions and is found in products such as medications, bowel preparation products for colonoscopy, laxatives, cough syrups, cosmetics, skin creams, medical products used on the skin and during operations, toothpaste, contact lenses and contact lens solution. PEG also can be found in foods or drinks, but is not known to cause allergic reactions from foods or drinks.*

**If this is your second dose, did you have any side effects after the first dose?**

No     Yes  
*If yes, please provide details*

**Have you had a COVID-19 infection?**

No     Yes  
*If yes, please indicate when the symptoms started, if known.*

**Are you or could you be pregnant?**

*If you are or could be pregnant, you may not be able to receive the vaccine.*

No     Yes

**Are you breastfeeding?**

*If you are currently breastfeeding, you may not be able to receive the vaccine.*

No     Yes

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<p><b>Do you have any problems with your immune system or are you taking any medications that can affect your immune system (e.g., high dose steroids, chemotherapy)?</b></p> <p><i>If you have problems with your immune system or your immune system may be compromised, you may not be able to receive the vaccine.</i></p> <p><i>Ask the health care provider if you are not sure about your medical conditions.</i></p>	<p><input type="checkbox"/> No    <input type="checkbox"/> Yes    <input type="checkbox"/> Unsure  <i>If yes, please provide details</i></p>
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<p><b>Do you have an autoimmune disease?</b></p> <p><i>If you have an autoimmune disease, you may not be able to receive the vaccine.</i></p> <p><i>Ask the health care provider if you are not sure about your medical conditions.</i></p>	<p><input type="checkbox"/> No    <input type="checkbox"/> Yes    <input type="checkbox"/> Unsure  <i>If yes, please provide details</i></p>
<p><b>Have you received another vaccine (not a COVID-19 vaccine) in the past 14 days?</b></p> <p><i>You will be asked to wait for two weeks from the other vaccine to receive your COVID-19 vaccine.</i></p>	<p><input type="checkbox"/> No    <input type="checkbox"/> Yes  <i>If yes, please provide the date of the other vaccine</i></p>
<p><b>Do you have a bleeding disorder or are you taking any medications that could affect blood clotting?</b></p> <p><i>Ask the health care provider if you are not sure about your medical conditions.</i></p>	<p><input type="checkbox"/> No    <input type="checkbox"/> Yes    <input type="checkbox"/> Unsure  <i>If yes, please provide details</i></p>
<p><b>Have you ever felt faint or fainted after a past vaccination or medical procedure?</b></p>	<p><input type="checkbox"/> No    <input type="checkbox"/> Yes  <i>If yes, please provide details</i></p>

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*I have read (or it has been read to me) and I understand the "COVID-19 Vaccine Information Sheet – Moderna COVID-19 Vaccine (mRNA-1273 SARS-CoV-2 Vaccine)". I have had the opportunity to ask questions and to have them answered to my satisfaction. I consent to the receiving the vaccine.*

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Date of signature: \_\_\_\_\_ (yyyy/mm/dd)

If signing for someone other than yourself, indicate your relationship to that other person:

\_\_\_\_\_

I confirm that I am the parent / legal guardian or substitute decision maker. Yes \_\_\_ No \_\_\_

**If obtaining verbal consent over the phone:**

I have read through the "Covid-19 Vaccine Information Sheet-Moderna Covid-19 Vaccine" (below in Appendix A) to the individual providing verbal consent, \_\_\_\_\_ (name of SDM, legal guardian or Next of Kin [NOK], if applicable), and they understand. I have allowed them the opportunity to ask questions and to have them answered to their satisfaction. The above SDM/NOK (if applicable) provides verbal consent on behalf of the resident/client indicated on this form to receive the Moderna Covid-19 Vaccine. They also consent to the collection and use of the information of the individual receiving the vaccine as described above.

**Signature of individual obtaining Verbal Consent from SDM/NOK:**

\_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date of Signature:** \_\_\_\_\_ (yyyy/mm/dd)

**See below for additional questions**

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**Please answer the following questions:**

1. Do you have any **underlying medical conditions** (heart disease, lung disease, cancer, high blood pressure, diabetes, problems with your immune system, taking medication that affect your immune system, kidney disease, liver disease)?

- Yes    No    Not certain    Prefer not to answer

2. Do you live in a **group living setting**, such as long term care facility, group home, shelter?

- Yes    No    Not certain    Prefer not to answer

3. What is your **occupation**?

*This information is being requested to help determine if the vaccine is being made available to people whose jobs put them at risk for becoming infected with COVID-19.*

- Management occupations
- Business, finance and administration occupations
- Natural and applied sciences and related occupations
- Health occupations
- Occupations in education, law and social, community and government services
- Occupations in art, culture, recreation and sport
- Sales and service occupations
- Trades, transport and equipment operators and related occupations
- Natural resources, agriculture and related production occupations
- Occupations in manufacturing and utilities
- Other, please specify \_\_\_\_\_
- Prefer not to answer



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Answering the following **OPTIONAL** questions will help us understand the populations receiving the **COVID-19** vaccine.

**1. Race / ethnicity:** Please check the applicable boxes

*This information is being requested to help ensure that the vaccine is being provided in a way that is available to everyone who would like to receive it.*

- Black (e.g. African, Afro-Caribbean, African Canadian descent)
- East/Southeast Asian (e.g. Chinese, Korean, Japanese, Taiwanese descent or Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent)
- Indigenous (e.g. First Nations, Inuk/Inuit, Métis descent)
- Latino (e.g. Latin American, Hispanic descent)
- Middle Eastern (e.g. Arab, Persian, West Asian descent – i.e. Afghan, Egyptian, Iranian, Lebanese, Turkish,
- Kurdish)
- South Asian (e.g. South Asian descent – i.e. East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean)
- White (e.g. European descent)
- Other, specify: \_\_\_\_\_
- Prefer not to answer
- Unknown

**2. Do you identify as Indigenous?**  Yes  No  Prefer not to answer  Unknown

If Yes, indicate which Indigenous Identity:

- First Nations
- Métis (includes member of a Métis organization or Settlement)
- Inuk/Inuit
- Other Indigenous, specify: \_\_\_\_\_

**3. Do you reside in a First Nations Community (on reserve or Crown land) or Inuit Community?**

- Yes  No  Prefer not to answer  Unknown

For Clinic Use Only

VACCINE	DOSE	LOT NUMBER	EXPIRY DATE	SITE and ROUTE	TIME GIVEN	DATE GIVEN (YYYY/MM/DD)	GIVEN BY Name & designation
Moderna COVID-19 Vaccine (mRNA-1273 SARS-CoV-2 vaccine)	0.5 ml						