



### **Instructions for RAHC COVID-19 Vaccination:**

Once we receive your information, it will be entered into our system and a scheduler will contact you for an appointment. If you have any questions, feel free to text 540-464-8700.

#### **Important Information:**

- Below is a fact sheet for recipients of the Moderna COVID-19 Vaccine to prevent the Coronavirus Disease 2019. Please review this information prior to your appointment. Once your paperwork is submitted you will receive a copy of this information via email and it is available on our website.
- COVID-19 Vaccinations require two doses. You will be scheduled to receive the second dose **28 days** after your first visit.
- If you are feeling unwell the morning of your appointment, please call ahead to reschedule your appointment.

#### **Arrival/Visit:**

- Please arrive 15 minutes prior to your appointment.
- Bring a photo id and your insurance card..
- When entering Rockbridge Area Health Center, please check in with screener just inside the main entrance.
- You will be asked to complete a COVID-19 Vaccination screening form.
- There will be a 15-minute observation period once the dose is administered.



## **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. There is no U.S. Food and Drug Administration (FDA) approved vaccine to prevent 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 is administered as a 2-dose series, 1 month apart, into the muscle.

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](http://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. There is no FDA-approved vaccine to 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 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 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, 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. The Moderna COVID-19 Vaccine vaccination series is 2 doses given 1 month apart. If you receive one dose of the Moderna COVID-19 Vaccine, you should receive a second dose of the same vaccine 1 month later to complete the vaccination series.

## **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.

## **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?

Side effects that have been reported 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, and fever

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

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](http://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?**

Currently, there is no FDA-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 MODERNA COVID-19 VACCINE WITH OTHER VACCINES?**

None of the currently authorized COVID-19 vaccines are live virus vaccines. Because data are lacking on the safety and efficacy of COVID-19 vaccines administered simultaneously with other vaccines, the vaccine series should routinely be administered alone, with a minimum interval of 14 days before or after administration of any other vaccine. However, COVID-19 and other vaccines may be administered within a shorter period in situations where the benefits of vaccination are deemed to outweigh the potential unknown risks of vaccine coadministration (e.g., tetanus-toxoid-containing vaccination as part of wound management, rabies vaccination for post-exposure prophylaxis, measles or hepatitis A vaccination during an outbreak) or to avoid barriers to or delays in to COVID-19 vaccination (e.g., in long-term care facility residents or healthcare personnel who received influenza or other vaccinations before or upon admission or onboarding). If COVID-19 vaccines are administered within 14 days of another vaccine, doses do not need to be repeated for either vaccine.

**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
<p data-bbox="159 1570 747 1602"><a href="http://www.modernatx.com/covid19vaccine-eua">http://www.modernatx.com/covid19vaccine-eua</a></p> 	<p data-bbox="1063 1570 1274 1644">1-866-MODERNA (1-866-663-3762)</p>



## 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-legalregulatory-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>.

## 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/](http://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).

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Revised: 12/2020



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

Barcode Date: 12/2020



**Virginia Department of Health COVID-19 Vaccination Phase**

Full Name

Name of Organization

**Select one of the following:**

**Virginia's Phase 1a:** Healthcare Personnel and Residents of Long Term Care Facilities

<https://www.vdh.virginia.gov/content/uploads/sites/191/2021/01/Phase-1a-In-Depth.pdf>

<input type="checkbox"/> Behavioral Health Provider <input type="checkbox"/> Community Health Worker <input type="checkbox"/> Dental Assistant, hygienist, dentist <input type="checkbox"/> EMT/first responder serving as EMT extender <input type="checkbox"/> Environmental Service Staff <input type="checkbox"/> Healthcare trainee <input type="checkbox"/> Home Health Worker <input type="checkbox"/> Human Service Provider	<input type="checkbox"/> Infection control and quality assurance personnel <input type="checkbox"/> Laboratorian <input type="checkbox"/> Mortuary Service Provider <input type="checkbox"/> Nurse, nursing assistant <input type="checkbox"/> Optometrist <input type="checkbox"/> Personal Care Aid <input type="checkbox"/> Pharmacist, pharmacy tech and staff	<input type="checkbox"/> Physician, physician's assistant <input type="checkbox"/> Public-facing public health worker <input type="checkbox"/> Radiological tech (and other diagnostic/therapeutic techs) <input type="checkbox"/> Resident/Staff of Long term care facility <input type="checkbox"/> Respiratory, physical, speech and occupational tech <input type="checkbox"/> Social Worker
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**Virginia's Phase 1b:** Frontline Essential Workers, Persons Aged 75 years and Older, People Living in Correctional Facilities, Homeless Shelters and Migrant Labor Camps, People Aged 65 through 74 years, and People aged 16 through 64 years with a High Risk Medical Condition that Increases the Risk of Severe Illness from COVID-19.

<https://www.vdh.virginia.gov/content/uploads/sites/191/2021/01/Phase-1b-In-Depth.pdf>

<input type="checkbox"/> Police, Fire, and Hazmat <input type="checkbox"/> Corrections and homeless shelter worker <input type="checkbox"/> Childcare/K-12 teachers/Staff <input type="checkbox"/> Food and Agriculture (including Veterinarians) <input type="checkbox"/> Manufacturing <input type="checkbox"/> Grocery store worker <input type="checkbox"/> Public transit worker <input type="checkbox"/> Mail Carrier (USPS and private)	<input type="checkbox"/> Official needed to maintain continuity of government <input type="checkbox"/> Person aged 75 years and older <input type="checkbox"/> Person living in a correctional facility, homeless shelter or migrant labor camp <input type="checkbox"/> Person Aged 65-74 years <input type="checkbox"/> Person aged 16-64 years with a high risk medical condition that increases the risk of severe illness from COVID-19
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**Virginia's Phase 1c:** Other Essential Workers.

<https://www.vdh.virginia.gov/content/uploads/sites/191/2021/01/Phase-1c-In-Depth.pdf>

<input type="checkbox"/> Energy <input type="checkbox"/> Waste removal workers (includes waste and recycling removal, waste and wastewater workers) <input type="checkbox"/> Housing Construction <input type="checkbox"/> Food Service <input type="checkbox"/> Transportation and logistics <input type="checkbox"/> Institutions of Higher Education Faculty/Staff	<input type="checkbox"/> Finance <input type="checkbox"/> Information Technology and Communication <input type="checkbox"/> Media <input type="checkbox"/> Legal Services <input type="checkbox"/> Public Safety (engineers) <input type="checkbox"/> Other Public Health Worker
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**HIPAA RELEASE OF INFORMATION**  
**Authorization to Use or Disclose Protected Health Information**

RAHC Fax Number: (855) 806-0826

Patient Name: _____		
Date of Birth: _____	Age: _____	SSN: _____
Home Phone: _____		Cell Phone: _____
Address: _____		
City: _____	State: _____	Zip Code: _____

I give permission for RAHC to mail my COVID-19 vaccination record to the address listed in registration:

Yes       No

If a copy of my vaccination records are needed, I will come in at a later time to obtain them:

Yes       No

I understand that I have the right to revoke this authorization by submitting my request in writing. I further understand that Rockbridge Area Health Center may re-disclose records received under this authorization, except for mental health records, which require a separate re-disclosure authorization. I also understand that I may refuse to sign this authorization and it is strictly voluntary, but I also understand that certain records are needed for the best quality medical care. I fully understand and accept the terms of this authorization, which shall remain in effect one year from the date of the request unless otherwise stated.

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Patient/Legal Guardian Signature

Relationship to Patient

Date





### Consent for Vaccination

I hereby authorize the administration of the COVID-19 vaccine to myself or to the person named below for whom I am the legal representative.

- I have read or have had explained to me the COVID- 19 Emergency Use Authorization fact sheet and understand the risks and benefits.
- I have had the opportunity to ask questions about this immunization.
- I believe the benefits outweigh the risks, and I accept full responsibility for any reactions that may result from my receipt of the immunization or the receipt of the immunization by the person named below for whom I am the legal representative.
- I agree that the immunization record may be shared as stated in the Notice of Privacy Practices, which includes sharing with health care providers and to support the application for payment by Medicare, Medicaid, and other third party payer.
- I request the third party payer to pay any authorized benefits to RAHC on my behalf. The Notice of Deemed Consent for blood borne diseases has been explained to me and I understand it.

(Patient, Parent/Legal Guardian, Person Acting in Loco Parentis)

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Printed Name

Signature

Date