

## EMPLOYEE CONSENT FOR COVID-19 VACCINATION

I certify that I am at least 18 years of age.

I hereby give my consent to UCMC and its trained healthcare workforce to administer the Covid-19 vaccine to me. I understand that the vaccination is voluntary and that I am not required to receive this vaccine or to receive this vaccine at UCMC (rather than at some other institution) as a condition of my employment.

I acknowledge that it is not possible to predict all possible side effects or complications associated with receiving this vaccine. I understand that UCMC is not making any representations or warranties regarding the vaccine and its general safety. I have been provided with and have read the Emergency Use Authorization (“EUA”) Fact Sheet or Vaccine Information Statement corresponding to the vaccine that I am receiving. I have been given an opportunity to ask questions about the vaccine, including but not limited to the risks and benefits of the vaccine, and all of my questions have been answered to my satisfaction. I have read and understand the benefits and risks of vaccination, and I voluntarily assume full responsibility for any reactions that may result from receiving the vaccine.

I understand that I may be asked to remain in the vaccination administration area for 15 to 30 minutes after the vaccine is administered to be monitored for potential adverse reactions, and agree to report any complaints that I may have to the provider while there. After leaving the facility, I understand that if I experience any side effects, I should either call my physician or 911 or go to the nearest emergency department.

I further understand that in order for the vaccine to be effective, I must receive two doses. I have been provided an appointment date to receive the second dose, and understand that it is solely my responsibility to return for this second dose at the scheduled time. I acknowledge that my failure to appear for that scheduled appointment will compromise the effectiveness of the vaccination.

I authorize UCMC to use and disclose any and all information related to my priority to receive, and actual receipt of the COVID-19 vaccine, including my outreach for scheduling, the date of my appointments, whether I appear for my appointments and any information I disclose or report to UCMC relating to my experience with the vaccine, including side effects or the development of COVID-19 symptoms within UCMC, including, without limitation, Infection Control, Human Resources, and Occupational Medicine and within the University of Chicago, on behalf of the Biological Sciences Division, for the following limited purposes only (a) UCMC’s health care operations, (b) to monitor public health within UCMC and the University of Chicago community, and (c) to prevent the spread of COVID-19. I further acknowledge that within 24 hours of administering a dose of COVID-19 vaccine and adjuvant (if applicable), UCMC must report required information to the relevant state, local, or territorial public health authorities and make other disclosures as required or permitted by law.

### ***IF PREGNANT or BREASTFEEDING:***

Current guidelines recommend that COVID-19 vaccines should not be withheld from pregnant or breastfeeding patients who otherwise meet criteria for the vaccine. Although I acknowledge that there is no data on the safety of COVID-19 vaccines in pregnant or breastfeeding women, I am choosing to be vaccinated either on my own or after consultation with my obstetric provider.

[patient electronic signature – parent or guardian, if minor]