

## INFORMED CONSENT AND RELEASE FOR COVID-19 VACCINE

You are being given the opportunity to receive the Pfizer-BioNTech COVID-19 Vaccine (Vaccine) to prevent the Coronavirus Disease 2019 (COVID-19) caused by SARS-CoV-2. The Vaccine has not received formal FDA approval but is being made available through an Emergency Use Authorization which means the Secretary of Health and Human Services (HHS) has determined that based upon the totality of the scientific information showing the Vaccine is safe and effective.

The Vaccine is being made available by the Federal Government. PrimeCare Medical, Inc. of New York, Inc. (“PCM”), Professional Care Medical Practice, P.C. (“Professional Care”), and Personalcare Registered Professional Nursing, P.C. (“Personalcare”) are merely helping with the administration of the Vaccine should you elect to receive it.

The decision as to whether to receive the Vaccine is purely voluntary and totally up to you. Although HHS has determined the vaccine is safe for individuals over the age of 16, PCM, Professional Care and Personalcare are not making any such representation. If you elect to receive the Vaccine you will have to receive a second dose approximately 3 weeks from now.

You should not receive the Vaccine if you have previously had a severe allergic reaction after a previous dose of a vaccine or had a severe allergic reaction to any ingredient of this Vaccine. (*See* Fact Sheet for Recipients and Caregivers that accompanies this Consent and Release for a list of ingredients).

Known side effects include injection site pain, swelling or redness; fatigue; headache; muscle pain; chills; joint pain; fever; nausea; feeling unwell; and swollen lymph nodes. There is a remote chance of a severe reaction. A severe reaction would usually occur within a few minutes to one hour after receiving a dose. You will be observed after receiving the vaccine for signs of a severe reaction such as difficulty breathing; swelling of your face and throat; fast heartbeat; bad rash all over your body; and dizziness and weakness. Should any such signs appear after you leave the administration location please notify 911 for immediate medical attention, as well as your family doctor, or facility administration.

For more information regarding the Vaccine please refer to the Fact Sheet for Recipients and Caregivers prepared by Pfizer and BioNTech a copy of which accompanies this Informed Consent and Release.

By signing this document, I am giving both my consent to receive the Vaccine and releasing PCM, Professional Care, and/or Personalcare from any and all liability and responsibility as a result of my decision to receive the Vaccine.

\_\_\_\_\_  
Vaccine recipient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date