**SOU Staff/Faculty/Student/Emeritus Consent and Demographic Information Form**

(please print clearly)

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

DOB: ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact (name and phone number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*Per OHA/Immunization Alert requirement:**

Race (circle one): American Indian/Alaska Native Asian Native Hawaiian or Other Pacific Islander

Black or African American White Other race

Ethnicity (circle one): Hispanic/Latino not Hispanic/Latino

• I understand that this product, MODERNA COVID-19 VACCINE, has not been approved or licensed by FDA, but has been authorized for emergency use by FDA under an EUA to prevent Coronavirus Disease 2019 (COVID-2019) for use in individuals 18 years of age and older; and the emergency use of this product is only authorized for the duration of the declaration that circumstances exist justifying the authorization of emergency use of the medical product under Section 564 (b)(1) of the FD &C Act unless the declaration is terminated or authorization revoked sooner.

• I understand that it is not possible to predict all possible side effects or complications associated with receiving vaccine(s). I understand the risks and benefits associated with the above vaccine and have received, read and/or had explained to me the Emergency Use Authorization Fact Sheet on the COVID-19 vaccine I have elected to receive. I also acknowledge that I have had a chance to ask questions and that such questions were answered to my satisfaction.

• I acknowledge that I have been advised to remain near the vaccination location for approximately 15 minutes after administration for observation. If I experience a severe reaction, I will call 9-1-1 or go to the nearest hospital.

• On behalf of myself, my heirs and personal representatives, I hereby release and hold harmless the Southern Oregon University Student Health and Wellness Center and their staff, agents, successors, divisions, affiliates, subsidiaries, officers, directors, contractors and employees from any and all liabilities or claims whether known or unknown arising out of, in connection with, or in any way related to the administration of the vaccine listed above.

• I acknowledge that SOU Student Health and Wellness Center will register my vaccine with the Oregon Immunization Alert System and this personal immunization information will be shared with the CDC or other federal agencies.

• I consent to receive the Moderna COVID-19 Vaccine today.

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