INDEPENDENCE
★ MISSOURI ★

COVID-19 Vaccination Consent under Emergency Use Authorization

The Public Readiness and Emergency Preparedness Act (PREP Act) authorizes the CICP to provide benefits to certain individuals or estates of individuals who sustain a covered serious physical injury as the direct result of the administration or use of the covered countermeasures. The CICP can also provide benefits to certain survivors of individuals who die as a direct result of the administration or use of covered countermeasures identified in a PREP Act declaration. The PREP Act declaration for medical countermeasures against COVID-19 states that the covered countermeasures are any antiviral medication, any other drug, any biologic, any diagnostic, any other device, or any vaccine used to treat, diagnose, cure, prevent, or mitigate COVID-19, the transmission of SARS-CoV–2 or a virus mutating from SARS-CoV-2, or any device used in the administration of and all components and constituent materials of any such product. Information about the CICP and filing a claim is available by calling 1-855-266-2427 or visiting https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/pfizer-biontech-covid-19-vaccine

PLEASE PRINT NAME of signature below

SIGNATURE OF PATIENT	RELATIONSHIP TO CLIENT	TODAY'S DATE

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I,_____, acknowledge and agree that I have received or have been advised of the Missouri Department of Health and
   Print Name Here

Senior Services' Notice of Privacy Practices and where I can obtain any revisions made to this Notice.

Client Signature/Legal Representative	*Relationship to Client*	*Today's Date*

For Clinic Use only

Manufacturer	Brand	Lot number
Dose number 1☐ or 2☐	*Exp. Date:_____/____/____	*Date Administered: _____/____/
*EUA fact sheet date:____/___/____	* EUA fact sheet given date:____/___/____	Injection Site (Deltoid) L ☐ R ☐ Vaccine Dose _____
*Administered by Name & Title :		
*Agency:		
*Agency Address		
*Clinic administration address		

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