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Department of Health  
Munaqhiiqiyitkut  
Ministère de la Santé

## Moderna SPIKEVAX® Bivalent COVID-19 Vaccine Consent Form

Please fill in or put label:  
 Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Community \_\_\_\_\_  
 DOB (dd/mm/yyyy) \_\_\_\_\_

**Health card number (if known):** \_\_\_\_\_ **House number (optional):** \_\_\_\_\_  
**Phone number:** \_\_\_\_\_ **Email address (optional):** \_\_\_\_\_  
**Gender:** Man  Woman  Prefer to self-describe  \_\_\_\_\_ **Age:** \_\_\_\_\_

**Parent/guardian information**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\*Moderna SPIKEVAX® Bivalent is only authorized for use in Nunavut for individuals who have completed a primary series of COVID-19 vaccine.  
 \*If you are aged 12 to 17 Moderna SPIKEVAX® Bivalent can only be given if it has been 6 months since your last dose of a COVID-19 vaccine. If you are aged 18+ Moderna SPIKEVAX® Bivalent can only be given if it has been 3 months since your last dose of a COVID-19 vaccine.  
 \*It is recommended that any booster dose is delayed for 8 weeks after COVID-19 infection.

**What date was your previous dose?** \_\_\_\_\_ *dd / mm / yyyy*

	Yes	No
1. <b>Do you feel sick with a fever today?</b> (If yes, please provide details below)	<input type="checkbox"/>	<input type="checkbox"/>
2. <b>Have you had COVID-19?</b> (If yes, please indicate when symptoms started below) <i>You can still receive the vaccine if you've had or think you've had COVID-19 before.</i>	<input type="checkbox"/>	<input type="checkbox"/>
3. <b>Are you, or could you be pregnant?</b> (You will still be offered the vaccine.)	<input type="checkbox"/>	<input type="checkbox"/>
4. <b>Did you have any side effects after any previous doses of a COVID-19 vaccine?</b> (If yes, please provide details below.)	<input type="checkbox"/>	<input type="checkbox"/>
5. <b>Do you have any problems with your immune system or are you taking any medications that can affect your immune system (e.g., high dose steroids, chemotherapy)?</b> (If yes, please provide details below.)	<input type="checkbox"/>	<input type="checkbox"/>
6. <b>Do you have a bleeding disorder or are you taking any medications that could affect blood clotting?</b> (If yes, please provide details below.)	<input type="checkbox"/>	<input type="checkbox"/>
7. <b>Have you ever had a serious reaction to a vaccine in the past?</b> (If yes, please provide details below.)	<input type="checkbox"/>	<input type="checkbox"/>
8. <b>Are you allergic to polyethylene glycol (PEG)** or tromethamine which are ingredient(s) in the vaccine?</b>	<input type="checkbox"/>	<input type="checkbox"/>
9. <b>Have you ever had a severe allergic reaction for which you were prescribed an EpiPen?</b> (If yes, please provide details below.)	<input type="checkbox"/>	<input type="checkbox"/>
10. <b>Have you ever been diagnosed with myocarditis or pericarditis**** following administration of a COVID-19 vaccine?</b> (If yes, please do not proceed with vaccination today).	<input type="checkbox"/>	<input type="checkbox"/>

\*\* Polyethylene glycol (PEG) can rarely cause allergic reactions and is found in products such as medications, bowel preparation products for colonoscopy, laxatives, cough syrups, cosmetics, skin creams, medical products used on the skin and during operations, toothpaste, contact lenses and contact lens solution. Tromethamine (Tris) is found in contrast media, oral and parenteral medications.  
 \*\*\*\* Very rare cases of myocarditis and pericarditis following vaccination with mRNA vaccines have been reported. The decision to continue a COVID-19 vaccine series in individuals with a history of myocarditis or pericarditis should be made in consultation with your care provider.



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**Comments from questions above:**

**CONSENT FOR Moderna SPIKEVAX® Bivalent COVID-19 Vaccine:**

- I understand the information in the Information Sheet on the Moderna SPIKEVAX® Bivalent COVID-19 Vaccine.
- I understand the benefits and possible reactions for the Moderna SPIKEVAX® Bivalent COVID-19 Vaccine and the risk of not getting immunized.
- I have had the opportunity to ask questions and to have them answered to my satisfaction.
- I consent to Moderna SPIKEVAX® Bivalent being given to: My Child  My Ward  or Myself

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Signature of Client or Parent/Legal Guardian \_\_\_\_\_ Date (dd/mm/yyyy) \_\_\_\_\_ **Print Name** \_\_\_\_\_

**Additional questions to help understand the population receiving the vaccine**

<b>Risk Group</b> <i>Tick all that apply</i>	<b>Yes</b>	<b>No</b>
Living in an Elders' facility	<input type="checkbox"/>	<input type="checkbox"/>
Working in an Elders' facility	<input type="checkbox"/>	<input type="checkbox"/>
Healthcare worker	<input type="checkbox"/>	<input type="checkbox"/>
Living in a shelter	<input type="checkbox"/>	<input type="checkbox"/>
Living in a correctional facility	<input type="checkbox"/>	<input type="checkbox"/>
Working in a shelter or correctional facility	<input type="checkbox"/>	<input type="checkbox"/>
55 years of age or older	<input type="checkbox"/>	<input type="checkbox"/>
Resident of Nunavut who is a rotational worker (e.g. in mines)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Underlying medical condition</b> <i>If yes, circle all those that apply in the list the below</i>		
heart disease	lung disease	cancer
high blood pressure	diabetes	liver disease
problems with your immune system	kidney disease	taking medication that affects immune system

