



**Westport Weston
Health District**

**COVID-19 Moderna and Johnson & Johnson Vaccine Booster
Consent/Attestation Form**

Eligibility

Everyone 18 years of age and older is eligible for a COVID-19 vaccine booster shot. You may get your booster shot 6 months after you're fully vaccinated with a 2-dose vaccine (Pfizer or Moderna) & 2 months after you're fully vaccinated with a 1-dose vaccine (Johnson & Johnson).

Allergic Reactions

You will be monitored here for 15-30 minutes after your vaccine is administered. However, the Westport Weston Health District is not staffed with medical personnel on a twenty-four-hour, seven day/week basis, and is not equipped to handle severe allergic reactions or acute emergencies. After you leave, if you experience a severe reaction, you should go to the nearest emergency room or call 9-1-1. If you experience a mild reaction, you should call your health care provider. Refer to your vaccination record and the Vaccination Information Sheet should you need to seek care.

Consent

I give my consent to the Westport Weston Health District to administer the COVID-19 vaccine. I have received a copy of the Emergency Use Authorization for the appropriate vaccine and consent for vaccination. 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 vaccine.

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Print Name

Date of Birth

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Signature

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Date