



Vermont Department of Health COVID-19 Immunization Second Dose Consent Form

Patient's Name: _____ DOB: _____

Published by Centers for Disease Control and Protection (CDC):

Interchangeability of COVID-19 vaccine products

Any currently FDA-authorized COVID-19 vaccine can be used when indicated; ACIP does not state a product preference. However, COVID-19 vaccines are **not** interchangeable. The safety and efficacy of a mixed-product series have not been evaluated. Both doses of the series should be completed with the same product.

In exceptional situations in which the mRNA vaccine product given for the first dose cannot be determined or is no longer available, any available mRNA COVID-19 vaccine may be administered at a minimum interval of 28 days between doses to complete the mRNA COVID-19 vaccination series. In situations where the same mRNA vaccine product is temporarily unavailable, it is preferable to delay the second dose (up to 6 weeks) to receive the same product than to receive a mixed series using a different product. If two doses of different mRNA COVID-19 vaccine products are administered in these situations (or inadvertently), no additional doses of either product are recommended at this time. Such persons are considered fully vaccinated against COVID-19 ≥ 2 weeks after receipt of the second dose of an mRNA vaccine.

The safety and efficacy of Janssen COVID-19 vaccine administered after an mRNA COVID-19 vaccine has not been established. However, in limited, exceptional situations where a patient received the first dose of an mRNA COVID-19 vaccine but is unable to complete the series with either the same or different mRNA COVID-19 vaccine (e.g., due to contraindication), a single dose of Janssen COVID-19 vaccine may be considered at a minimum interval of 28 days from the mRNA COVID-19 vaccine dose. Patients who receive Janssen COVID-19 vaccine after a dose of an mRNA COVID-19 vaccine should be considered to have received a valid, single-dose Janssen vaccination—not a mixed vaccination series—and are considered fully vaccinated against COVID-19 ≥ 2 weeks after receipt of the single dose of the Janssen vaccine.

- **I have informed clinic staff of what I believe to be the true and accurate COVID-19 vaccine product I (or the above patient) received as a first dose (i.e. Pfizer-BioNTech, Moderna).**
- **I have informed clinic staff what I believe to be the true and accurate date I (or the above patient) received a first dose of the COVID-19 vaccine.**
- **I understand that the Vermont Department of Health and this vaccination clinic are unable to verify the accuracy of my (or the above patient's) previously received first dose (i.e. Pfizer-BioNTech, Moderna).**



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- **I have read the above materials from the Centers for Disease Control and Prevention (CDC) regarding the interchangeability of COVID-19 vaccine products that talk about changing the type of vaccine received in a second dose.**

- **I understand that the safety and effectiveness of receiving two different types of the COVID-19 vaccine (e.g. receiving Moderna for a first dose and Pfizer-BioNTech as a second dose) have not been studied and determined.**

Patient's Signature: _____

Date Consent Form Signed: _____

Parent/Legal Guardian Signature* (if patient is under 18) _____

*If minor is in state custody, an authorized representative signature is required.

Parent/Legal Guardian's Name (please print): _____

Parent/Legal Guardian's Daytime Phone Number:** _____

**If parent/legal guardian will not be present at the clinic.