

Johnson & Johnson's Janssen COVID-19 Vaccine Attestation

Please read completely and attest to your understanding of the following:

- I have received information about the possible side effects of the Johnson & Johnson/Janssen COVID-19 vaccine, as presented in the Emergency Use Authorization fact sheet;
- I voluntarily chose to receive the COVID-19 vaccine at MD Anderson after carefully considering the risks and benefits;
- I am aware there may be unknown side effects of the COVID-19 vaccine;
- I understand I should consult with my medical provider to discuss my personal risks and benefits of receiving the COVID-19 vaccine;
- I understand that if I have ever experienced a severe allergic reaction, I may have a greater risk of experiencing a severe allergic reaction to the Johnson & Johnson/Janssen COVID-19 vaccine (including problems breathing, swelling of the face and throat, a fast heartbeat, a bad rash all over the body, dizziness, and weakness);
- I understand that I should proceed with caution if I have ever experienced a severe allergic reaction to a vaccine or medicine injected in my skin, muscle, or veins, and I that should discuss with my personal medical provider whether or not to receive the Johnson & Johnson/Janssen COVID-19 vaccine at this time;
- I understand that I should not receive the Johnson & Johnson/Janssen COVID-19 vaccine if I have ever experienced a severe allergic reaction to a component of this vaccine, which includes polyethylene glycol (used in many injectable medications), recombinant, replication-incompetent adenovirus type 26 expressing the SARS-CoV-2 spike protein, citric acid monohydrate, trisodium citrate dihydrate, ethanol, 2-hydroxypropyl- β -cyclodextrin (HBCD), polysorbate-80, sodium chloride.
- I understand that I must remain in a designated observation area for 15-30 minutes after my vaccination so that on-site medical staff can assist in case I experience a severe allergic reaction to the COVID-19 vaccine;
- I understand that if I experience a severe adverse reaction after I leave the designated observation area, I should call 9-1-1 or immediately go the nearest hospital emergency room (ER);
- I understand that I will receive a COVID-19 vaccination card today showing that I have received the single dose of the Johnson & Johnson/Janssen COVID-19 vaccine;
- I am aware that the COVID-19 vaccines given at MD Anderson will be tracked and reported, as required by the state and federal government, and that information shared about me, as part of this process, will be limited to my full name, date of birth, gender, race, ethnicity, address, and whether I am school or childcare personnel;

- I acknowledge receipt of the UT MD Anderson Notice of Privacy Practices (NPP). I understand that a copy of the NPP is available to me at the time of vaccination, upon my request, or by [reviewing on our website](#);
- I understand the importance of continuing to wear a mask, wash my hands, and keep social distancing after receiving the COVID-19 vaccine; and
- I understand that my insurance may be billed for the COVID-19 vaccine administration fee, and that my insurance carrier should process the vaccine administration charge without applying any out-of-pocket costs to me.