



## Johnson & Johnson (Janssen) Vaccine Acknowledgement

Please print patient's full name, legibly in uppercase.

First Name:

Last Name:

Date of birth:  /  /

- [Janssen \(J&J\) COVID-19 Vaccine EUA Fact Sheet for Recipients](#)

I hereby give my consent freely to receive the COVID-19 vaccine, which is authorized by the Food & Drug Administration for emergency use only. I certify that I have reviewed and fully understand the information contained in the Emergency Use Authorization Fact Sheet for Recipients & Caregivers, which contains important information about the COVID-19 vaccine's known risks and benefits, the risks that remain unknown to the Food and Drug Administration, and alternative COVID-19 vaccines available.

I further certify that I/the recipient meet(s) the current requirements to receive the COVID-19 vaccine. I understand and agree that it is my sole responsibility to discuss with my primary care provider any concerns I may have about the COVID-19 vaccinations. After carefully considering all the information I have received, I voluntarily assume full responsibility for any adverse reactions or side effects, known or unknown, that may occur as a result of receiving the COVID-19 vaccine.

Signature \_\_\_\_\_

Today's Date \_\_\_\_\_