



COVID-19 Vaccine Consent Form Pregnancy and Breastfeeding

In addition to the generic COVID-19 vaccination form you have completed, those individuals who are **pregnant** or **breastfeeding** must also complete this consent.

Pregnant individuals were excluded from the Phase III trials for the COVID-19 vaccines available at present, and thus there is currently no data on the safety and efficacy of administration in pregnancy. It is recommended that pregnant or breastfeeding individuals who are eligible for the COVID-19 have a conversation with their primary care physician and/or obstetrical care provider about their risk profile, in order to help them make an informed decision about whether to get vaccinated.

Here are some considerations that should be assessed:

- Local and community prevalence of COVID-19
- Workplace risk of exposure to SARS-CoV-2
- Individual risk for severe illness from COVID-19, including age ≥ 35 years of age
- Obesity, pre-existing diabetes, pre-existing hypertension and heart disease, as well as immunosuppressive conditions and chronic respiratory conditions
- Gestational age
- Available data related to the safety of the vaccine during pregnancy and breastfeeding
- Reviewing what is not yet known about the safety and efficacy of the vaccine for pregnant and breastfeeding individuals
- Personal values and individualized risk assessment of the available data

We are requiring all pregnant or breastfeeding individuals to review the Ministry factsheet entitled "*COVID-19 Vaccination Recommendations for Special Populations*," and recommend those who are pregnant or breastfeeding to consult with their primary care physician and/or obstetrical care provider for a personalized risk assessment.

I have read (or it has been read to me) and understand the Fact sheet entitled "*COVID-19 Vaccination Recommendations for Special Populations*," have had the opportunity to ask questions and to have them answered to my satisfaction, have consulted with a physician, and am consenting to COVID-19 vaccination.

Name: _____ (please print)

Date of Birth: _____

Date: _____ Signature: _____

** This consent form should be stapled to the COVID-19 receipt duplicate for OH when completed*