



CONSENT FORM FOR JANSSEN COVID-19 VACCINE (AD26.COV2.S, RECOMBINANT)

(Version 1. 2021NOV26)

Client Information: Full Name, Preferred Name / Alias, Health Card Number, Street Address, City / Town, Province, Postal Code, Phone Number, Email Address, Date of Birth, Age, Gender options.

Name of Health Care Facility: If you are a resident / client of a facility, in what facility do you live?

For Health Care Workers (HCW) only: Job Title, Employee #, Department / Unit, Do you work in: HCW Acute Care, HCW Long Term Care, HCW Community-based. Please check one of the categories below if they apply to you: Staff Physician, Resident or Medical Student, Nurse Practitioner (NP), RN / LPN / CCA / CTA, Dentist / Dental Hygienist / Dental Assistant, Pharmacist / Pharmacy Technician / Pharmacy Assistant, Allied Health Professional (e.g. OT, PT, Social Work), Administrative, Support Services (e.g. Porter, Housekeeping, Food & Nutrition), Contract Worker - Specify, Volunteer, Learner / Student, Specify School, Program, Year (1st, 2nd, etc.), Other.



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Please review the Janssen COVID-19 Vaccine Factsheet found here:

[http://policy.nshealth.ca/Site\\_Published/covid19/document\\_render.aspx?documentRender.IdType=6&documentRender.GenericField=&documentRender.Id=91594](http://policy.nshealth.ca/Site_Published/covid19/document_render.aspx?documentRender.IdType=6&documentRender.GenericField=&documentRender.Id=91594)

Answer the following questions before meeting with the vaccine provider:

<p><b>Are you feeling ill today?</b></p>	<p><input type="checkbox"/> No   <input type="checkbox"/> Yes  <i>If yes, please provide details:</i></p>
<p><b>Have you ever suffered an anaphylactic reaction (severe allergic reaction) to a vaccine or another injectable medication?</b></p> <p><i>If you answer <b>Yes</b>, you may be vaccinated today, but will be observed for 30 minutes after getting your vaccination.</i></p>	<p><input type="checkbox"/> No   <input type="checkbox"/> Yes  <i>If yes, please provide details:</i></p>
<p>The Janssen COVID-19 vaccine (1 dose) provides a <b>moderate</b> level of protection when compared to Pfizer-BioNTech Comirnaty and Moderna Spikevax mRNA 2 dose vaccine series which provides a <b>high</b> level of protection against COVID-19.</p>	<p><input type="checkbox"/> I choose not to receive the Janssen COVID-19 vaccine today.</p> <p><input type="checkbox"/> I have read the information and wish to receive the Janssen COVID-19 vaccine today.</p>
<p><b>Have you ever experienced anaphylaxis (severe allergic reaction) to Polysorbate 80c?</b></p> <p><i>* Polysorbate 80c is found in medical preparations (e.g. vitamin oils, tablets and anticancer agents), and cosmetics.</i></p> <p><i>Tell the health care provider if you are allergic to anything that may <b>contain Polysorbate 80c</b></i></p> <p><i>If you answer <b>Yes</b> to the above question you will not be able to be vaccinated today. You will need to be assessed by a health care provider to ensure that it is safe for you to receive this vaccine.</i></p>	<p><input type="checkbox"/> No   <input type="checkbox"/> Yes  <i>If yes, please provide details:</i></p>
<p><b>Vaccine Induced Immune Thrombotic Thrombocytopenia (VITT)</b></p> <p><i>Very rarely, the Janssen COVID-19 vaccine has been associated with unusual blood clotting with low levels of blood platelets (which help blood clot) after vaccination.</i></p> <p><i>This adverse event called Vaccine Induced Immune Thrombotic Thrombocytopenia (VITT) has not been reported in those who receive either the Pfizer-BioNTech Comirnaty or Moderna Spikevax COVID-19 vaccines. These cases often occur between 4 and 28 days and can</i></p>	<p><input type="checkbox"/> I choose not to receive the Janssen COVID-19 vaccine today.</p> <p><input type="checkbox"/> I have read the information and wish to receive the Janssen COVID-19 vaccine today.</p>



NSCOVIDCFJ

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<p>occur as late as 42 days after receiving the Janssen COVID-19 vaccine. Early identification and appropriate treatment are critical.</p>	
<p><b>Have you ever experienced a blood clot in your brain [cerebral venous sinus thrombosis (CVST)] with low platelets (thrombocytopenia) or heparin-induced thrombocytopenia (HIT)?</b></p> <p><i>People who have experienced a previous CVST with thrombocytopenia or HIT should only receive the Janssen COVID-19 vaccine if the potential benefits outweigh the potential risks. You can receive an mRNA vaccine such as Pfizer-BioNTech Comirnaty or Moderna Spikevax 2 dose series.</i></p> <p><i>You should speak to your health care provider to determine if receiving the Janssen COVID-19 vaccine is right for you.</i></p>	<p><input type="checkbox"/> I choose not to receive the Janssen COVID-19 vaccine today.</p> <p><input type="checkbox"/> I have read the information and wish to receive the Janssen COVID-19 vaccine today.</p>
<p><b>Do you have a history of Capillary Leak Syndrome (CLS)?</b></p> <p><i>People who have a history of CLS should not receive the Janssen COVID-19 vaccine.</i></p>	<p><input type="checkbox"/> No    <input type="checkbox"/> Yes</p>
<p><b>Capillary Leak Syndrome (CLS)</b></p> <p><i>Very rare cases of CLS have been reported following immunization with the Janssen COVID-19 vaccine. Some affected patients had a previous diagnosis of CLS. CLS is a serious, potentially fatal condition characterized by acute episodes of limb swelling, low blood pressure, blood concentration and low albumin levels.</i></p>	<p><input type="checkbox"/> I choose not to receive the Janssen COVID-19 vaccine today.</p> <p><input type="checkbox"/> I have read the information and wish to receive the Janssen COVID-19 vaccine today.</p>
<p><b>Have you had Guillian-Barré Syndrome (GBS) in the past?</b></p> <p><i>People who have a history of GBS should receive the Pfizer-BioNTech Comirnaty or Moderna Spikevax vaccine.</i></p>	<p><input type="checkbox"/> No    <input type="checkbox"/> Yes</p>
<p><b>Guillain-Barré Syndrome (GBS)</b></p> <p><i>GBS is a rare but potentially serious neurologic disorder that occurs more frequently in males and persons aged 50 years and older. There is a very rare increased risk of GBS following receipt of a viral vector COVID-19 vaccine, such as Janssen, which is not seen following vaccination with mRNA COVID-19 vaccines such as Pfizer-BioNTech Comirnaty or Moderna Spikevax.</i></p>	<p><input type="checkbox"/> I choose not to receive the Janssen COVID-19 vaccine today.</p> <p><input type="checkbox"/> I have read the information and wish to receive the Janssen COVID-19 vaccine today.</p>



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<p><b>Have you already received COVID-19 vaccines outside of Nova Scotia?</b></p>	<p><input type="checkbox"/> No   <input type="checkbox"/> Yes  <i>If yes, please provide details:</i></p> <hr/> <p><i>Let the immunization provider know that you already received some of these vaccines in another province / country.</i></p>
<p><b>Are you or could you be pregnant?</b></p> <p><i>Evidence is showing that pregnant people develop immunity from COVID-19 vaccines in the same way as non-pregnant people and that vaccination in pregnancy may provide some protection for their babies.</i></p> <p><i>A complete mRNA COVID-19 vaccine series (Pfizer-BioNTech Comirnaty or Moderna Spikevax) is the preferred vaccine for pregnant people. If Vaccine Induced Immune Thrombotic Thrombocytopenia (VITT) were to occur after receiving the Janssen COVID-19 vaccine in a pregnant person, the medical care required could be more complex.</i></p> <p><i>You may choose not to receive the Janssen COVID-19 vaccine today. You may receive an mRNA COVID-19 vaccine if that is your preference.</i></p>	<p><input type="checkbox"/> No   <input type="checkbox"/> Yes</p> <p><i>If you answered "YES" to this question, please review the Pregnancy and Breastfeeding video:</i></p> <p><a href="http://www.youtube.com/watch?app=desktop&amp;v=c5NDLASTfWg&amp;feature=youtu.be">http://www.youtube.com/watch?app=desktop&amp;v=c5NDLASTfWg&amp;feature=youtu.be</a></p> <p><input type="checkbox"/> I choose not to receive the Janssen COVID-19 vaccine today.</p> <p><input type="checkbox"/> I have read the information and wish to receive the Janssen COVID-19 vaccine today.</p>
<p><b>Are you breastfeeding?</b></p> <p><i>A complete mRNA COVID-19 vaccine series is recommended for people who are breastfeeding.</i></p> <p><i>You may choose not to receive the Janssen COVID-19 vaccine today. You may receive an mRNA COVID-19 vaccine if that is your preference.</i></p>	<p><input type="checkbox"/> No   <input type="checkbox"/> Yes</p> <p><i>If you answered "YES" to this question, please review the Pregnancy and Breastfeeding video:</i></p> <p><a href="http://www.youtube.com/watch?app=desktop&amp;v=c5NDLASTfWg&amp;feature=youtu.be">http://www.youtube.com/watch?app=desktop&amp;v=c5NDLASTfWg&amp;feature=youtu.be</a></p> <p><input type="checkbox"/> I choose not to receive the Janssen COVID-19 vaccine today.</p> <p><input type="checkbox"/> I have read the information and wish to receive the Janssen COVID-19 vaccine today.</p>
<p><b>Do you have problems with your immune system or are you taking any medications that can affect your immune system (i.e. high dose steroids, chemotherapy)?</b></p> <p><i>People who are immunocompromised may have a diminished or a delayed response to a COVID-19 vaccine.</i></p>	<p><input type="checkbox"/> No   <input type="checkbox"/> Yes</p>



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(Version 1. 2021NOV26)

<p><i>Immunocompromised people have received Pfizer-BioNTech Comirnaty and Moderna Spikevax mRNA vaccines during the pandemic. There have not been any unique safety concerns raised about negative health effects from mRNA COVID-19 vaccines for immunocompromised people.</i></p> <p><i>There is no safety data for immunocompromised people receiving viral vector vaccines such as Janssen.</i></p> <p><i>You should discuss the risks / benefits on receiving Janssen COVID-19 vaccine with your health care provider.</i></p>	<p><input type="checkbox"/> I choose not to receive the Janssen COVID-19 vaccine today.</p> <p><input type="checkbox"/> I have read the information and wish to receive the Janssen COVID-19 vaccine today.</p>
<p><b>Do you have an autoimmune disease?</b></p> <p><i>A complete mRNA COVID-19 vaccine series (Pfizer-BioNTech Comirnaty or Moderna Spikevax) is the preferred vaccine for people who have an autoimmune disorder.</i></p> <p><i>Emerging data suggests that people with an autoimmune condition who are not immunocompromised have a similar response to a COVID-19 vaccine than people without these conditions.</i></p>	<p><input type="checkbox"/> No    <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> I choose not to receive the Janssen COVID-19 vaccine today.</p> <p><input type="checkbox"/> I have read the information and wish to receive the Janssen COVID-19 vaccine today.</p>
<p><b>Do you have a bleeding disorder or are you taking medications that could affect blood clotting?</b></p>	<p><input type="checkbox"/> No    <input type="checkbox"/> Yes</p>
<p><b>Have you ever felt faint or fainted after a past vaccination or medical procedure?</b></p>	<p><input type="checkbox"/> No    <input type="checkbox"/> Yes</p>
<p><b>Have you received treatment for COVID-19 with Bamlanivimab?</b></p> <p><i>If you answered YES, please provide the date.</i></p> <p><i>There is insufficient evidence on the receipt of both a COVID-19 vaccine and anti-SARS-CoV-2 monoclonal antibodies (Bamlanivimab).</i></p> <p><i>Administration of Bamlanivimab and COVID-19 vaccine close together may result in decreased effectiveness of both the vaccine and the treatment.</i></p> <p><b>Expert clinical opinion should be sought on a case-by-case basis.</b></p>	<p><input type="checkbox"/> No    <input type="checkbox"/> Yes</p> <p><i>If yes, please provide date.</i></p> <p>Date: _____ (YYYY/MON/DD)</p>



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<p><b>Do you require assistance at your appointment for reduced mobility?</b></p>	<p><input type="checkbox"/> No    <input type="checkbox"/> Yes</p>
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***I have read (or it has been read to me) and I understand the "COVID-19 Vaccine Information Sheet".***

[http://policy.nshealth.ca/Site\\_Published/covid19/document\\_render.aspx?documentRender.IdType=6&documentRender.GenericField=&documentRender.Id=91594](http://policy.nshealth.ca/Site_Published/covid19/document_render.aspx?documentRender.IdType=6&documentRender.GenericField=&documentRender.Id=91594)

***I have had the opportunity to ask questions and to have them answered to my satisfaction. I consent to receiving the Janssen COVID-19 vaccine:***

Are you consenting for yourself?     Yes     No

If no:

I confirm that I am the parent / legal guardian or substitute decision maker.

How are you related to the person you are completing this consent for?

- Parent
- Child
- Foster parent
- Legal guardian
- Step parent
- Substitute Decision Maker
- Other: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_  
(YYYY/MON/DD)

Continue to next page for additional questions



**CONSENT FORM FOR JANSSEN COVID–19 VACCINE (AD26.COV2.S, RECOMBINANT)**

(Version 1. 2021NOV26)

**Answering the following OPTIONAL questions will help us understand the populations receiving the COVID–19 vaccine.**

**Demographic Information**

Information will be pooled together so we can monitor and report on the progress of the provincial immunization program including data on which groups of citizens have been immunized.

Any public reporting of this information will be done in a way that prevents the identification of individuals.

We are collecting this information in a way that respects Nova Scotia’s health and information privacy laws.

Documentation will be secured following Nova Scotia Health guidelines.

**The following questions are OPTIONAL and will not impact the services or care that you receive.**

**Please check the following boxes that apply to you.**

1. Do you have any **underlying medical conditions** (heart disease, lung disease, cancer, high blood pressure, diabetes, problems with your immune system, taking medication that affect your immune system, kidney disease, liver disease)?

- Yes     No     Not certain     Prefer not to answer

2. Do you live in a **group living setting**, such as a long term care facility, group home, or shelter?

- Yes     No     Not certain     Prefer not to answer

3. What is your **occupation**?

*This information is being requested to help determine if the vaccine is being made available to people whose jobs put them at risk for becoming infected with COVID–19.*

- Management occupations
- Business, finance and administration occupations
- Natural and applied sciences and related occupations
- Health occupations
- Occupations in education, law and social, community and government services
- Occupations in art, culture, recreation and sport
- Sales and service occupations
- Trades, transport and equipment operators and related occupations
- Natural resources, agriculture and related production occupations
- Occupations in manufacturing and utilities
- Other, please specify: \_\_\_\_\_
- Prefer not to answer



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4. **Race / ethnicity:** Which race category best describes you?

*We know that people of different races do not have significantly different genetics. But our race still has important consequences, including how we are treated by different individuals and institutions.*

- Prefer not to answer
- African Nova Scotian descent
- Black (e.g. African, Afro-Caribbean, African Canadian descent)
- East / Southeast Asian (e.g. Chinese, Korean, Japanese, Taiwanese descent or Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent)
- Indigenous (e.g. First Nations, Inuk / Inuit, Métis descent)
- Latino (e.g. Latin American, Hispanic descent)
- Middle Eastern (e.g. Arab, Persian, West Asian descent – i.e. Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish)
- South Asian (e.g. South Asian descent – i.e. East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean)
- White (e.g. European descent)
- Other, specify: \_\_\_\_\_
- Unknown

5. **Do you identify as Indigenous?**

- Prefer not to answer     Yes     No     Unknown

If Yes, indicate which Indigenous Identity:

- Mi'kmaq
- First Nations
- Métis (includes member of a Métis organization or Settlement)
- Inuk / Inuit
- Other Indigenous, specify: \_\_\_\_\_

6. Do you reside in a **First Nations Community** (on reserve or Crown land) or **Inuit Community**?

- Prefer not to answer
- Yes
- No
- Unknown





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**For Immunizer Use Only**

VACCINE	DOSE	LOT NUMBER	EXPIRY DATE (YYYY/MON/DD)	SITE and ROUTE	TIME GIVEN	DATE GIVEN (YYYY/MON/DD)	GIVEN BY Name and Designation
Janssen COVID-19 Vaccine (Ad26.COV2.S recombinant)	0.5 mL						

Comments:

*Any legal notice required including with regard to confidentiality of the information.*

