**COVID-19 VACCINE- PREGNANT AND LACTATING PATIENTS**

**Please Check One of the Following:**

\_\_\_\_\_ MSU Employee- Employee #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ MSU Student- Student #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You are receiving the Janssen COVID-19 vaccine. You are of childbearing years, or are currently pregnant, or breastfeeding. You have been made aware that no study results have been published to date addressing the risks or benefits in these patient demographics.

The American College of Obstetricians and Gynecologists (ACOG) published documentation in December of 2020 stating *“COVID-19 Vaccines should not be withheld from pregnant individuals who meet criteria for vaccination based on ACIP-recommended priority groups.”* And *“ACOG recommends COVID-19 vaccines be offered to lactating individuals similar to non-lactating individuals when they meet criteria for receipt of the vaccine based on prioritization groups outlined by the ACIP.”*

You are acknowledging that you have read and understand and are seeking to voluntarily receive the vaccine.

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Signature***

***Date***