

Riverside Health System
COVID-19 VACCINE PROVIDER AUTHORIZATION

TO THE INDIVIDUAL SEEKING APPROVAL FOR A VACCINE

Because you reported a history of a severe allergic reaction such as anaphylaxis to another vaccine or injectable therapy whether it was given intramuscular, intravenous, or subcutaneous, you will require this authorization to be completed by your provider. Anaphylaxis is a severe allergic reaction that needs to be treated right away. If you have an anaphylactic reaction, you need an epinephrine (adrenaline) shot as soon as possible. As a result, the CDC recommends that you take important steps prior to receiving a COVID-19 vaccine. Please discuss this form and your individual history and current medical status with your provider and bring the completed form with you to your COVID-19 vaccine appointment

FOR THE HEALTHCARE PROVIDER

Please discuss the following during your assessment of your patient:

A person with a history of a severe allergic reaction, must be assessed by their provider and have their provider return this signed authorization before they can receive a vaccination administered by Riverside Health System. In addition, these persons can only receive their vaccination at one of Riverside's acute care facilities or another acute care facility so they can be closely monitored and treated if needed following their vaccination.

Both the Pfizer-BioNTech and Moderna COVID-19 vaccines are approved for emergency authorization by the CDC. The CDC has clarified that a history of severe allergic reaction (e.g., anaphylaxis) to any other vaccine or injectable therapy (e.g., intramuscular, intravenous, or subcutaneous) as a precaution but not a contraindication to vaccination for both these vaccines.

These persons may still receive mRNA COVID-19 vaccination, but they should be counseled about the unknown risks of developing a severe allergic reaction and balance these risks against the benefits of vaccination.

A history of a mild allergic reaction to a vaccine or injectable therapy is neither a contraindication nor precaution to the COVID-19 vaccination.

Risk assessment for mRNA COVID-19 vaccination

When assessing a person's history of allergic reaction to a vaccine or injectable therapy, it can sometimes be challenging to determine whether the reaction was truly severe. The following considerations can be used to help the provider conduct a risk assessment for mRNA COVID-19 vaccination:

- Type of reaction and symptoms (e.g., whether symptoms were generalized and consistent with anaphylaxis)
- For a reaction to a medication, whether the medication was administered by injection or another route.
- Whether the reaction required use of epinephrine (EpiPen®, etc.) or resulted in advanced medical care, (e.g., emergency room visit, hospitalization)
- How long ago the reaction occurred and whether the same vaccine or medication was subsequently administered without symptoms.
- Whether the patient has been evaluated by an allergist-immunologist and the diagnosis has been confirmed.

Persons who are determined to have had a severe allergic reaction (e.g., anaphylaxis) to an mRNA COVID-19 vaccine should not receive a second dose. For those determined to have had a severe allergic reaction to another vaccine or injectable medication, considerations for the administration of an mRNA COVID-19 vaccine might include:

- Risk of exposure to SARS-CoV-2 (e.g., because of their occupation or the person's residence in a congregate setting such as a long-term care facility)
- Risk of severe disease or death due to COVID-19 (e.g., because of age, underlying medical conditions)
- The unknown risk of anaphylaxis (including fatal anaphylaxis) following mRNA COVID-19 vaccination in a person with a history of anaphylaxis to other vaccines or injectable therapies.

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- Risk of adverse events after anaphylaxis treatment with epinephrine (older adults with hypertension and atherosclerotic heart disease may be at increased risk for cardiac adverse events following anaphylaxis treatment with epinephrine)
- Whether the patient has previously been infected with SARS-CoV-2 and, if so, how long ago
 - Note: Vaccination is recommended for persons with a history of COVID-19; however, because reinfection is uncommon in the 90 days following infection, persons with a history of anaphylaxis to another vaccine or injectable therapy and recent COVID-19 may choose to defer vaccination until further information is known about the risk of anaphylaxis following vaccination.

https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2F%2Finfo-by-product%2Fpfizer%2Fclinical-considerations.html

Patient Name: _____ Patient DOB: _____

I have discussed this form with the above patient and authorize them to receive a COVID-19 vaccination at a Riverside Health System acute care facility or any other acute care facility.

Date: _____

(Provider Signature): _____

Provider Printed Name: _____