



COVID-19 IMMUNIZATION SERVICE AGREEMENT

receive any

applicable second dose.

1.3 Provision of Healthcare Professional. If the Parties agree in writing that Walgreens will provide Covered Services at off-site locations as outlined in Exhibit A- Scope of Services, Walgreens will provide Client with the appropriate number of qualified health care professionals and technicians to provide Covered Services at such off-site locations. Any requests for additional personnel will be subject to agreement by Walgreens.

II. CLIENT'S RESPONSIBILITIES

2.1 Vouchers. If the Parties agree in writing that Walgreens will provide Covered Services upon receipt of a voucher, Client will provide Participants with a voucher, which Participants may redeem at a participating Walgreens store location. Client may not rescind, retract, reduce or deny payment owed to Walgreens for claims where Covered Services were provided to its Participants, even if Client no longer considers the individual redeeming the voucher to be a Participant.

2.2 Off-Site Locations. If the Parties agree in writing, that Walgreens will provide Covered Services at off-site locations, Client will provide Participants with notice of the dates, times and locations for such off-site locations and provide a private, clean room location, tables and chairs for Walgreens' personnel and Participants, as outlined in Exhibit A- Scope of Services. Where applicable, Client agrees to assist Walgreens in the collection of Participants' Third Party (defined below) eligibility information and additional reasonably requested information, in order to help expedite the delivery of Covered Services.

2.3 Eligible Participants. Prior to the distribution of COVID Immunizations to the general population, the Parties acknowledge specific populations have been designated by the appropriate Federal or State authorities ("**Jurisdiction**") to be eligible for the COVID Immunizations. The populations to be vaccinated under this agreement are outlined in Exhibit A. Client represents Participants receiving Covered Services under this Agreement are eligible to receive COVID Immunizations based on the applicable Jurisdiction's requirements (e.g. State vaccine distribution plans using CDC designations: Phase 1a, 1b, 1c, 2 etc.) and at no time will Client allow a Participant to receive COVID Immunizations under this Agreement until eligible under the applicable Jurisdiction's criteria. However, Walgreens will ensure that there is vaccination spoilage in accordance with Exhibit A, Scope of Services.

III. PAYMENT AND BILLING

This **COVID-19 IMMUNIZATION SERVICE AGREEMENT** ("**Agreement**") by and between the Board of Education of the City of Chicago, a body politic and corporate, commonly known as the Chicago Public Schools ("**Client**"), and Walgreen Co., on behalf of itself and its subsidiaries and affiliates ("**Walgreens**") is made and entered into on the date last signed by an authorized representative of both the Client and Walgreens (the "**Effective Date**"). Walgreens and Client may be individually referred to as a "**Party**" or collectively as the "**Parties**."

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Client and Walgreens, by their signatures below, hereby agree Walgreens will provide the immunizations indicated in Table 1, attached hereto and incorporated herein, consisting of dispensing and administering of such immunizations ("**COVID Immunizations**") to a participant population agreed to by the parties ("**Participants**") at mutually agreed upon location(s) outside of Walgreens' store locations, referred to as off-site locations, and/or at Walgreens' participating store locations through issuance of a voucher ("**Covered Services**").

I. WALGREENS' RESPONSIBILITIES

1.1 Covered Services. Subject to the limitations or restrictions imposed by federal and state contracts, laws, and regulations, and the availability of the appropriate COVID Immunization, Walgreens will provide the Covered Services to Participants either directly or through an authorized provider. With respect to such Covered Services, the Parties will comply with the procedures set forth herein. When required by state law, Walgreens will require Participants to provide a valid prescription from their physician or allow the health care professional to contact their physician to obtain a valid prescription; however, for COVID Immunizations, Walgreens will be responsible for obtaining standing orders from physicians. Participants will be required to complete a Walgreens' vaccine administration record and consent form before receiving a COVID Immunization.

1.2 Professional Judgment. Walgreens may withhold Covered Services to a Participant for good cause, including but not necessarily limited to, insufficient information for the Pharmacist to verify a Participant received a first dose of an applicable COVID Immunization, requests by Participant for services inconsistent with the legal and regulatory requirements; or where, in the professional judgment of the health care professional, the services should not be rendered. The parties agree that, other than as required by law, Walgreens is not responsible for the tracking of individual Participant(s) first or second doses of any COVID Immunization. Furthermore, Walgreens has no duty to contact Participant(s) concerning follow-up Covered Services to



3.1 Payment For Government Supplied. For Government Supplied COVID-19 Vaccines (as defined in Table 1 below) where: (i) Participant provides evidence of coverage under third-party insurance or a government funded program (e.g., Medicare) (“**Third Party**”) prior to the provision of Covered Services; (ii) and Walgreens is contracted with that Third Party, Walgreens will submit the claim for applicable Covered Services to such Third Party.

IV. TERM AND TERMINATION

4.1 Term and Termination. This Agreement will become effective on the Effective Date and shall continue in full force and effect for an initial term of one year. Upon expiration of the initial term, this Agreement will automatically renew for successive one-year terms at the then current Walgreens rates in effect for COVID Immunizations, which will be made available upon request. Either Party may terminate this Agreement at any time without cause by giving at least thirty (30) days’ prior written notice to the other Party.

4.2 Effect of Termination. Termination will have no effect upon the rights or obligations of the Parties arising out of any transactions occurring prior to the effective date of such termination.

4.3 Waiver. No waiver by either Party with respect to any breach or default of any right or remedy and no course of dealing may be deemed to constitute a continuous waiver of any other breach or default or of any other right or remedy unless such waiver is expressed in writing by the Party to be bound.

V. INSURANCE AND INDEMNIFICATION

5.1 Insurance. Each Party will self-insure or maintain at its sole expense, and in amounts consistent with industry standards, such insurance as may be necessary to insure each respective Party, its employees, and agents against any claim or claims for damages arising out of or in connection with its duties and obligations under this Agreement. Walgreens will automatically name Client as Additional Insured under its applicable insurance policy(ies). Evidence of such insurance can be downloaded from Walgreens’ website. Client will provide a memorandum or certificate of insurance coverage to Walgreens upon request.

5.2 Indemnification. To the extent permitted by law, each Party will indemnify, defend, and hold harmless the other Party, including its employees and agents, from and against any and all third-party claims or liabilities arising from the negligence or wrongful act of the indemnifying Party, its employees, or agents in carrying out its duties and obligations under the terms of this Agreement. EXCEPT FOR ANY EXPRESS WARRANTIES SET FORTH IN THIS AGREEMENT, THE PARTIES HEREBY DISCLAIM ANY IMPLIED WARRANTIES OF ANY KIND, INCLUDING WARRANTY OF MERCHANTABILITY, AND FITNESS FOR A PARTICULAR PURPOSE. In no event shall either

Party be liable to the other Party for any indirect, special, or consequential damages or lost profits, arising out of or related to performance of this Agreement or a breach of this Agreement, even if advised of the possibility of such damages or lost profits. This Section will survive the termination of this Agreement.

VI. GENERAL TERMS

6.1 Confidentiality of PHI. Both Parties warrant that they will maintain and protect the confidentiality of all individually identifiable health information specifically relating to Participants (“**Protected Health Information**” or “**PHI**”) in accordance with the Health Insurance Portability and Accountability Act of 1996 and all applicable federal and state laws and regulations. However, nothing herein will limit either Party’s use of any de-identified Participant information that does not contain PHI. This Section will survive the termination of this Agreement.

6.2 Advertising. Neither Party may advertise or use any trademarks, service marks, or symbols of the other Party without first receiving the written consent of the Party owning the mark and/or symbol.

6.3 Force Majeure. The performance by either Party hereunder will be excused to the extent of circumstances beyond such Party’s reasonable control, such as flood, tornado, earthquake, or other natural disaster, epidemic, war, material destruction of facilities, fire, acts of terrorism, acts of God, etc. In such event, the Parties will use their best efforts to resume performance as soon as reasonably possible under the circumstances. In the event of a strike, sympathy strike, picketing, work stoppage, slowdown, demonstration, or any other lawful or unlawful disruptive activity that impacts Covered Services, Walgreens shall ensure continued uninterrupted delivery of Covered Services in accordance with the terms of the Agreement, or as may be otherwise directed by the Board and agreed upon by the Parties. Under the aforementioned circumstances, the Board shall have the right to direct Walgreens to use any of the following methods to arrange for continued delivery of Covered Services: 1) use of Walgreens’ non-union employees to provided Covered Services; 2) delivery of Covered Services at an alternative site; or 3) any other alternative means necessary to ensure that Covered Services are timely provided without disruption. Walgreens shall also enforce any no-strike clauses Walgreens has in its collective bargaining agreements when such clauses impact the delivery of any Covered Services under this Agreement. Any alternative delivery methods utilized under this section shall be approved by a representative designated by the Board.

6.4 Compliance. The Parties will comply with all applicable laws, rules, and regulations for each jurisdiction in which Covered Services are provided under this Agreement. Each Party will cooperate with reasonable requests by the other Party for information that is needed for its compliance with



applicable laws, rules, and/or regulations.

6.5 Assignment. Neither Party may assign this Agreement to a third-party without the prior written consent of the other Party, except that either Party will have the right to assign this Agreement to any direct or indirect parent, subsidiary or affiliated company or to a successor company without such consent. Any permitted assignee will assume all obligations of its assignor under this Agreement. No assignment will relieve any Party of responsibility for the performance of any obligations which have already occurred. This Agreement will inure to the benefit of and be binding upon each Party, its respective successors and permitted assignees.

6.6 Notices. All notices provided for herein must be in writing, sent by U.S. certified mail, return receipt requested, postage prepaid, or by overnight delivery service providing proof of receipt to the address set forth following the signature blocks. Notices will be deemed delivered upon receipt or upon refusal to accept delivery.

6.7 Entire Agreement. This Agreement, which includes any and all attachments, exhibits, riders, and other documents referenced herein, constitutes the entire and full agreement between the Parties relating to the subject matter herein and supersedes any previous contract, for which the signatories are authorized to sign for, and unless otherwise agreed to herein, no changes, amendments, or alterations will be effective unless reduced to a writing signed by a representative of each Party. Any prior agreements, documents, understandings, or representations relating to the subject matter of this Agreement not expressly set forth herein or referred to or incorporated herein by reference are of no force or effect.

6.8 Freedom of Information Act. Walgreens acknowledges that this Agreement and all documents submitted to the Client related to this contract award are a matter of public record and are subject to the Illinois Freedom of Information Act (5 ILCS 140/1) and any other comparable state and federal laws and that this Agreement is subject to reporting requirements under 105 ILCS 5/10-20.44. Walgreens further acknowledges that this Agreement shall be posted on the Client's Internet website.

6.9 Board Not Subject to Taxes. The federal excise tax does not apply to the Client by virtue of Exemption Certificate No. 36-600584, and the State of Illinois sales tax does not apply to the Client by virtue of Exemption No. E9997-7109-06. The compensation set forth herein is inclusive of all other taxes that may be levied or based on this Agreement, including without limitation sales, use, nonresident, value-added, excise, and similar taxes levied or imposed on the Services to be provided under this Agreement, but excluding taxes levied or imposed on the income or business privileges of Walgreens. Walgreens shall be responsible for any taxes levied or imposed upon the income or business privileges of Walgreens.

6.10 Non-Discrimination. It shall be an unlawful employment practice for Walgreens or any of its subcontractors to

fail or refuse to hire or to discharge any individual, or otherwise to discriminate against any individual with respect to compensation, or other terms, conditions, or privileges of employment, because of such individual's race, color, national origin, religion, sex, gender identity/expression, sexual orientation, age or disability; or to limit, segregate, or classify employees or applicants for employment in any way that would deprive or tend to deprive any individual from equal employment opportunities or otherwise adversely affect an individual's status as an employee because of such individual's race, color, national origin, religion, sex, gender identity/expression, sexual orientation, age or disability. Walgreens shall particularly remain in compliance at all times with all applicable provisions of: the Civil Rights Act of 1964, 42 U.S.C.A. §2000a, *et seq.*, as amended; the Age Discrimination in Employment Act, 29 U.S.C.A. §621, *et seq.*; Section 504 of the Rehabilitation Act of 1973, 29 U.S.C.A. §701, *et seq.*, as amended; the Americans with Disabilities Act, 42 U.S.C.A. §12101, *et seq.*; the Illinois Human Rights Act, 775 ILCS 5/1-101, *et seq.*, as amended; the Illinois School Code, 105 ILCS 5/1-1 *et seq.*; the Illinois Public Works Employment Discrimination Act, 775 ILCS 10/0.01 *et seq.*; the Individuals with Disabilities Education Act (IDEA) 20 U.S.C.A. §1400 *et seq.*; and, the Chicago Human Rights Ordinance, ch. 2-160 of the Municipal Code of Chicago, and all other applicable federal statutes, regulations and other laws. Nothing in this paragraph is intended nor shall be construed to create a private right of action against the Board or any of its employees. Furthermore, no part of this paragraph shall be construed to create contractual or other rights or expectations for the Walgreens's employees or the Walgreens's subcontractors' employees.

6.11 Inspector General. Each Party to this Agreement hereby acknowledges that in accordance with 105 ILCS 5/34-13.1, the Inspector General of the Board of Education of the City of Chicago has the authority to conduct certain investigations and that the Inspector General shall have access to all information and personnel necessary to conduct those investigations.

6.12 Ethics. No officer, agent or employee of the Board is or shall be employed by Walgreens or has or shall have a financial interest, directly, or indirectly, in this Agreement or the compensation to be paid hereunder except as may be permitted in writing by the Board's Code of Ethics Policy adopted May 25, 2011 (11-0525-PO2), as amended from time to time, which policy is hereby incorporated by reference into and made a part of this Agreement as fully set forth herein.

6.13 Counterparts. This Agreement may be executed in two or more counterparts, each of which together shall be deemed an original, but all of which together shall constitute one and the same instrument, provided that each Party has received the other Party's executed instruments. In the event that any signature is delivered by facsimile transmission or by e-mail delivery of a ".pdf" format data file (or similar format however designated), such signature shall create a valid and binding obligation of the Party executing (or on whose behalf such signature is executed) with the same force and effect as if such facsimile or ".pdf" signature page were an original thereof.



6.14. Background Check. The Parties acknowledge that the space that is being used to deliver Services is closed to students and the Parties do not anticipate any student contact with Walgreens staff. However, Walgreens represents and warrants that it shall comply with the following requirements for DNH Check, Criminal History Records Check and DCFS Check, on timing determined by the Board's Chief of Safety & Security and such other procedures as may be determined necessary by the Board from time to time, for each employee, agent, volunteer or subcontractor who may provide Services (individually and collectively "**Staff**") ("**Background Check**"). Contact via text messages, live chats, emails, telephone, in person, or through any other means shall be considered "contact" for purposes of this Section. Walgreens shall not allow any Staff to have contact with students until Walgreens has confirmed with the Board that each respective Staff has successfully completed the Criminal History Records Check in accordance with the following requirements:

- a. Do Not Hire List. As an initial screening step that must be completed as part of the Background Check, the Board will perform a check of eligibility of each Staff that may provide Services hereunder by checking the Board's "Do Not Hire" ("**DNH**") records ("**DNH Check**"). The Board will utilize the DNH Check process that the Board uses for its own prospective staff. Staff with a DNH designation shall not provide Services hereunder.
- b. Criminal History Records Check. Walgreens shall, at the Board's cost and expense, have a complete fingerprint-based criminal history records check conducted on each Staff who may have contact with CPS students through the process established by the Board, including using the Board's contracted vendor for conducting such checks on all Staff, and otherwise in accordance with the Illinois School Code (105 ILCS 5/34-18.5), the Sex Offender and Child Murderer Community Notification Law (730 ILCS 152/101 et seq.), and the Murderer and Violent Offender Against Youth Registration Act (730 ILCS 154/1 et seq.) ("**Criminal History Records Check**"). The results of each Criminal History Records Check shall be adjudicated by the Board. Staff shall not have contact with CPS students prior to successfully completing the Criminal History Records Check. When the Board determines that any Staff has not passed a Criminal History Records Check, such Staff shall not access any Board facility and shall not have contact with any CPS student hereunder. A

complete Criminal History Records Check includes the following:

- i. Fingerprint-based checks through the Illinois State Police and the Federal Bureau of Investigation;
 - ii. A check of the Illinois Sex Offender Registry and the Nationwide Sex Offender Registry; and
 - iii. A check of the Illinois State Police Murderer and Violent Offender Against Youth Registry.
- c. Department of Children and Family Services Check. At the Board's cost and expense, the Board shall have the right to check for indicated reports of child abuse and/or neglect with the Illinois Department of Children and Family Services ("**DCFS**") State Automated Child Welfare Information System (or a comparable determination of child abuse or neglect by a government agency in another jurisdiction) for each Staff who may have contact with CPS students ("**DCFS Check**"). Walgreens shall follow the directives and processes of the Board for initiating any DCFS Check and the results of each DCFS Check shall be adjudicated by the Board. Staff determined by the Board not to have passed a DCFS Check shall not provide Services, shall not access a Board facility and shall not have contact with any CPS student hereunder.
 - d. With respect to each Background Check, Walgreens further represents and warrants that Walgreens shall:
 - i. Utilize the process established by the Board for completing each Background Check and immediately initiate all action, as directed by the Board, to have such Background Check performed;
 - ii. Direct its Staff to provide the Board with a signed copy of any release and consent required by the Board to conduct the Background Check from each of its prospective and current Staff in the form determined by, and as directed by the Board;
 - iii. Confirm with the Board's Chief of Safety and Security that each respective Staff has successfully completed the Background Check through the process established by the Board and



complied with the Board's directives regarding the results of each Background Check;

iv. Not allow: (a) any Staff to provide Services until a DNH Check has been completed by the Board; (b) any Staff who may have contact with CPS students to have Contact with any CPS student until the Criminal History Records Check has been successfully completed and adjudicated by the Board for each such Staff, and the results of the Criminal History Records Check satisfy, at a minimum, the requirements of 105 ILCS 5/34-18.5 and the requirements of all other Acts and Laws referenced in this Section, as may be amended; and (c) any Staff who has not successfully passed a DCFS Check provide Services under this Agreement;

v. Comply with and require compliance of all Staff with directives from the Board relating to any updates to any Background Check (which updates shall be received and adjudicated by the Board) and provide any other information requested by the Board necessary for the performance by Board of the Background Check and its update process; and

vi. Immediately remove from providing Services and terminate access for any Staff

determined by the Board not to have passed a Background Check or update for any matters arising after an initial Background Check.

e. Allocation of Costs and Liquidated Damages. Walgreens is obligated to cause the Background Check to be performed for all Staff.

If Walgreens fails to comply with this Section, in whole or in part, then, in addition to the Remedies set forth in this Agreement, the Board may exercise additional remedies, including but not limited to: (i) immediately terminating this Agreement without any further obligation by the Board of any kind (other than payment for Services previously rendered pursuant to the terms herein); (ii) seeking liquidated damages; (iii) or taking any other action or remedy available under this Agreement or by law.


Liquidated damages shall be calculated as \$5,000.00 per breach of this Section, which, for purposes of clarity, for the aggregate calculation of liquidated damages, will include each instance of contact with CPS students by Staff as a separate breach. It is understood and agreed that Walgreens's non-compliance with this Section shall constitute a material breach of this Agreement.

[SIGNATURE PAGE FOLLOWS]



IN WITNESS WHEREOF, Client and Walgreens have executed this Agreement.

CLIENT: THE BOARD OF EDUCATION OF THE CITY OF CHICAGO

SIGNATURE:  _____
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NAME: Jonathan Maples

TITLE: Chief Procurement Officer

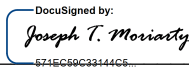
DATE: February 10, 2021

Legal Notice Address:

Board of Education of the City of Chicago
Attn: General Counsel
One North Dearborn Street, Suite 900
Chicago, IL 60602

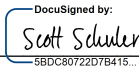
Board Authority: 21-0127-RS1

Approved as to Legal Form: 

By:  _____
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Joseph T. Moriarty, General Counsel

WALGREEN CO.

SIGNATURE:  _____
58DC8072207B415...

NAME: Scott Schuler

TITLE: GVP-Contracting, Pricing, & Operations

DATE: February 10, 2021

Legal Notice Address:

Walgreen Co.
104 Wilmot Road, MS 1446
Deerfield, IL 60015
Attn: Managed Markets Legal (covid-imnz)
HealthLawLegalNotices@walgreens.com

Attachments:

- Table 1
- Exhibit A- Scope of Services
- Attachment A - VAR for the Staff
- Attachment B - V-Safe Flyer
- Attachment C - EUA Fact Sheet

TABLE 1

COVID Immunizations
Government Supplied COVID-19 Vaccine*
COVID-19 Vaccine – First Dose of Two Dose Series
COVID-19 Vaccine – Second Dose of Two Dose Series
COVID-19 Vaccine – Single Dose

*For purposes of this Agreement, “Government Supplied COVID-19 Vaccine” means that the United States government has acquired the COVID-19 vaccine and is making these publicly funded vaccines available to select vaccine providers.



EXHIBIT A SCOPE OF SERVICES

Name of Project: Board Vaccination Program

CPS Project Manager: Kenneth Papineau

Email: Kgpapineau@cps.edu

Walgreens Project Manager: Megan Mistarz

E-mail: Megan.mistarz@wagreens.com

Term: February 8, 2021 through June 30, 2021

This Scope of Services will be conducted pursuant to the terms and conditions of that COVID-19 Vaccination Services Agreement ("**Agreement**") dated February 8, 2020 by and between Walgreen Co., on behalf of itself and its subsidiaries and affiliates ("**Walgreens**") and the Board of Education of the City of Chicago, a body politic and corporate, commonly known as the Chicago Public Schools (the "**Board**" or "**Client**"). Defined terms used in this Scope of Services will have the same meanings as those ascribed to such terms in the Agreement.

1. Overview of Services

To address the COVID-19 pandemic and to maximize the efficiency in which CPS teachers and staff receive COVID-19 vaccines, CPS will establish two (2) points of dispensing ("**PoDs**") to administer the COVID-19 vaccination to employees on February 10th and February 11th, 2021. Each PoD will be referred to herein as a "**COVID-19 Vaccination Center**". These centers will be located at CPS buildings across the city - e.g., schools or offices. Only vaccinations approved by the U.S. Food and Drug Administration ("**FDA**") or approved by the FDA for emergency use will be distributed at the COVID-19 Vaccination Centers. *The Pfizer COVID-19 Vaccine will not be supplied to the COVID-19 Vaccination Centers under this Agreement.*

The COVID-19 Vaccination Centers will be located at the locations listed below, and at additional locations and dates as may be mutually agreed to in writing (email is acceptable) by the Parties:

1. Michele Clark High School - Wednesday, February 10
2. Clemente High School - Thursday, February 11

2. Scope of Services

To manage each COVID-19 Vaccination Center, Walgreens shall perform the Services listed below:

I. Distribution of COVID-19 Vaccines

- A. Walgreens shall procure an agreed upon number of doses of vaccines from the Chicago Department of Public Health ("**CDPH**") on behalf of CPS and will distribute the COVID-19 vaccines to CPS staff in accordance with the terms of the Agreement and this Scope of Services. The parties agree that Walgreens will provide the original/first doses as follows: 2,000 initial/first doses on February 10-11, 2021, and the second doses on March 10-11, 2021.
- B. Walgreens is responsible for maintaining sufficient supply of the vaccines to meet CPS requirements under this Agreement, reporting progress, status and inventory levels of vaccine per Illinois Department of Health ("**IDPH**") and CDPH requirements.



II. Vaccination Process and Workflow

- A. Walgreens will be responsible for setting up the vaccination process and creating a workflow to support the process. The vaccination process must include the following:
1. When CPS employees register for their vaccination appointments, each CPS employee shall receive confirmation of their appointment that can be used to check-in at their designated COVID-19 Vaccination Center upon arrival. CPS employees will then schedule their second vaccination appointment, provided the COVID-19 vaccine the employee is receiving is a two dose vaccine. (In the event a single dose vaccine is being provided, no additional vaccination appointment will be provided.)
 2. In the event that a CPS employee does not show up for their scheduled appointment, CPS will utilize a waitlist of eligible staff to fill those slots, which may also include staff in the building in order to mitigate spoilage.
- B. Walgreens will maintain a patient management system.
1. Walgreens shall maintain a system to track or archive the following:
 - a) The dates the dose(s) of the COVID-19 vaccines are given to employees (for all employees that receive vaccines that require two doses, the dates of both doses will be recorded) ;
 - b) Patient data retention; and
 - c) Transfer of vaccination records to Illinois state database
 2. Walgreens shall keep HIPAA compliant records of patient care and shall collect all data required by IDPH for I-CARE reporting purposes.

III. Supplies

- A. In addition to providing the COVID-19 vaccine doses described above, Walgreens shall be responsible for procuring and distributing all supplies needed for administering the COVID-19 vaccines including but not limited to the following supplies:
1. Medical gloves
 2. Disinfectants
 3. Medical wastebasket
 4. Sharps containers (S32 Smartsharp Reusable container)
 5. Appropriate needles (length, gauge) for the route of administration (Subcut, IM) and the expected patient population
 6. Sterile alcohol prep pads
 7. Syringes (1 or 3 cc)
 8. Adhesive bandages
 9. Gauze pads
 10. Alcohol-based hand sanitizer with at least 60% alcohol
 11. Disposable face coverings for patients who arrive without one
 12. Personal protective equipment (“PPE”) for all Walgreens staff
 - a) face masks;
 - b) gloves;and
 - c) eye protection,
 13. Tissues
 14. Trash bags
 15. EpiPens



- B. Walgreens shall also be responsible for coordinating the disposal of all biohazard waste materials and sharp objects in accordance with applicable laws and industry best practices.

IV. Compliance

Walgreens shall be responsible for obtaining proper consent from all CPS employees at the COVID-19 Vaccination Centers. Consent from employees must include the employee's consent to receive the COVID-19 vaccine, as well as consent to report that the employee has received the vaccine in accordance with applicable law.

Walgreens must also register with the Illinois Comprehensive Automated Immunization Registry Exchange ("**I-CARE**") to allow for vaccination records to be shared with the State of Illinois. I-Care is a system for vaccine management and operations, which includes ordering, shipping, handling, and storing procedures for all vaccine purchases in the state.

Walgreens shall document all COVID-19 vaccines it administers in accordance with all applicable federal, state, and local law and guidance.

Walgreens shall further comply with evolving requirements to protect the health and safety of all patients and staff at the COVID-19 Vaccination Centers, as expressed in local, and state guidance from various government agencies. This includes, but is not limited to, adhering to all health and safety guidelines issued by CPS, IDPH, and CDPH related to COVID-19. Walgreens acknowledges these health and safety guidelines are subject to change.

V. Physical Set-Up of COVID-19 Vaccination Centers

Walgreens is responsible for its personnel's adherence to the following:

- Adequate social distancing of at least 6 feet at all times
- Mask adherence
- Everyone must wear a mask at all times while in the CPS facility

Walgreens will also work with the on-site CPS facilities team to ensure proper furniture for vaccination activities (e.g., tables, chairs, access to electrical outlets, etc.) is set-up at each centers.

VI. Staffing COVID-19 Vaccination Centers

Walgreens shall be responsible for providing all staff for the COVID-19 Vaccination events. Each position must be filled by a qualified individual, as described below. Walgreens will provide adequate staff required to vaccinate fifty (50) individuals every 30 minutes, followed by an observation period of either 15 to 30 minutes.

VII. Billing

Walgreens shall be responsible for billing for vaccines through each CPS' employee's insurance. Walgreens shall ensure timely and accurate insurance billing immediately post-visit for each employee.



VII. Board Obligations and Responsibilities

- A.** Tables and chairs for immunization stations, vaccine prep station, and observation area
- B.** Garbage can at each vaccination station
- C.** Signs to number the immunization stations
- D.** Medical personnel will clean/sterilize their own stations. The Board will provide extra cleaning products.
- E.** Distribute the VAR to the staff (Attachment A). PRINTED DOUBLE SIDED, to be filled out by patient prior to arrival
- F.** Distribute the V-Safe Flyer (Attachment B)
- G.** Distribute the EUA Fact Sheet (Attachment C)

Vaccine Administration Record (VAR) – Informed Consent for Vaccination

If the patient is requesting a flu vaccination, indicate the patient's age group:

- Under age 65
 Age 65 or older

OFF-SITE CLINIC BILLING GROUP: _____

Store number: _____
 Rx number: _____
 Store address: _____

SECTION A Please print clearly.

First name: _____ Last name: _____

Date of birth: _____ Age: _____ Gender: Female Male Phone: _____ I wish to receive text message alerts regarding my prescriptions.

Home address: _____ City: _____

State: _____ ZIP code: _____ Email address: _____

Race: American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander Black or African American White
 Other Race _____ Unknown Unable to report due to policy/law

Ethnicity: Hispanic or Latino Not Hispanic or Latino Unknown ethnicity Unable to report due to policy/law**Walgreens will send vaccination information from this visit to your doctor/primary care provider using the contact information provided below.**

Doctor/primary care provider name: _____ Phone: _____

Address: _____ City: _____ State: _____ ZIP code: _____

I want to receive the following vaccination(s): _____

SECTION B The following questions will help us determine your eligibility to be vaccinated today.**All vaccines**

- Do you feel sick today? Yes No Don't know
- Have you been diagnosed with or tested positive for COVID-19 in the last 14 days? Yes No Don't know
- In the past 14 days have you been identified as a close contact to someone with COVID-19? Yes No Don't know
- Do you have a history of allergic reaction or allergies to latex, medications, food or vaccines (examples: polyethylene glycol, polysorbate, eggs, bovine protein, gelatin, gentamicin, polymyxin, neomycin, phenol, yeast or thimerosal)? Yes No Don't know
If yes, please list: _____
- Have you ever had a reaction after receiving a vaccination, including fainting or feeling dizzy? Yes No Don't know
- Have you ever had a seizure disorder for which you are on seizure medication(s), a brain disorder, Guillain-Barré syndrome (a condition that causes paralysis) or other nervous system problem? Yes No Don't know
- Have you received any vaccinations or skin tests in the past eight weeks? Yes No Don't know
If yes, please list: _____
- Have you ever received the following vaccinations?
 Pneumonia: Date received _____ Shingles: Date received _____ Whooping cough: Date received _____
- Do you have any chronic health condition such as cancer, chronic kidney disease, immunocompromised, chronic lung disease, obesity, sickle cell disease, diabetes, heart disease? Yes No Don't know
If yes, please list: _____
- For women: Are you pregnant or considering becoming pregnant in the next month? Yes No Don't know
- For COVID-19 vaccine only:** Have you been treated with antibody therapy specifically for COVID-19 (monoclonal antibodies or convalescent plasma)? Yes No Don't know

For chickenpox, MMR[®] II, shingles, Vaxchora[®], yellow fever only:**Answer the following questions only if you are receiving any vaccinations listed above.**

- Do you have a condition that may weaken your immune system (e.g., cancer, leukemia, lymphoma, HIV/AIDS, transplant)? Yes No Don't know
- Are you currently on home infusions, weekly injections such as Humira[®] (adalimumab), Remicade[®] (infliximab) or Enbrel[®] (etanercept), high-dose methotrexate, azathioprine or 6-mercaptopurine, antivirals, anticancer drugs or radiation treatments? Yes No Don't know
- Are you currently taking high-dose steroid therapy (prednisone > 20mg/day or equivalent) for longer than 2 weeks? Yes No Don't know
- Have you received a transfusion of blood or blood products or been given a medication called immune (gamma) globulin in the past year? Yes No Don't know
- Do you have a history of thymus disease (including myasthenia gravis, DiGeorge syndrome or thymoma), or had your thymus removed? (yellow fever only) Yes No Don't know
- Do you have a history of thrombocytopenia or thrombocytopenic purpura? (MMR only) Yes No Don't know
- Have you consumed any food or drink in the last hour? (Vaxchora[®] only) Yes No Don't know
- Have you taken antibiotics in the last 14 days or antimalarials in the last 10 days? (Vaxchora[®] only) Yes No Don't know

SECTION C

I certify that I am: (a) the patient and at least 18 years of age; (b) the legal guardian of the patient; or (c) a person authorized to consent on behalf of the patient where the patient is not otherwise competent or unable to consent for themselves. Further, I hereby give my consent to Walgreens or Duane Reade and the licensed healthcare professional administering the vaccine, as applicable (each an "applicable Provider"), to administer the vaccine(s) I have requested above. I understand that it is not possible to predict all possible side effects or complications associated with receiving vaccine(s). I understand the risks and benefits associated with the above vaccine(s) and have received, read and/or had explained to me the EUA Fact Sheet on the vaccine(s) I have elected to receive. I also acknowledge that I have had a chance to ask questions and that such questions were answered to my satisfaction. Further, I acknowledge that I have been advised that the patient should remain near the vaccination location for observation for approximately 15 minutes after administration. On behalf of the patient, the patient's heirs and personal representatives, I hereby release and hold harmless each applicable Provider, its staff, agents, successors, divisions, affiliates, subsidiaries, officers, directors, contractors and employees from any and all liabilities or claims whether known or unknown arising out of, in connection with, or in any way related to the administration of the vaccine(s) listed above. I acknowledge that: (a) I understand the purposes/benefits of my state's vaccination registry ("State Registry") and my state's health information exchange ("State HIE"); and (b) the applicable Provider may disclose my vaccination information to the State Registry, to the State HIE, or through the State HIE to the State Registry, or to any state or federal governmental agencies or authorities ("Government Agencies"), such as state, county, or local Departments of Health or the Federal Department of Health and Human Services, the Centers for Disease Control and Prevention, or their respective designees as may be required by law, for purposes of public health reporting, or to my healthcare providers enrolled in the State Registry and/or State HIE for purposes of care coordination. I acknowledge that, depending upon my state's law, I may prevent, by using a state-approved opt-out form or, as permitted by my state law, an opt-out form ("Opt-Out Form") furnished by the applicable Provider: (a) the disclosure of my vaccination information by the applicable Provider to the State HIE and/or State Registry; or (b) the State HIE and/or State Registry from sharing my vaccination information with any of my other healthcare providers enrolled in the State Registry and/or State HIE. The applicable Provider will, if my state permits, provide me with an Opt-Out Form. I understand that, depending on my state's law, I may need to specifically consent, and, to the extent required by my state's law, by signing below, I hereby do consent to the applicable Provider reporting my vaccination information to the Government Agencies, State HIE, or through the State HIE and/or State Registry to the entities and for the purposes described in this Informed Consent form. Unless I provide the applicable Provider with a signed Opt-Out Form, I understand that my consent will remain in effect until I withdraw my permission and that I may withdraw my consent by providing a completed Opt-Out Form to the applicable Provider and/or my State HIE, as applicable. I understand that even if I do not consent or if I withdraw my consent, my state's laws or federal law may permit certain disclosures of my vaccination information to or through the State HIE or to Government Agencies as required or permitted by law. I further authorize the applicable Provider to: (a) release my medical or other information, including any communicable disease (including HIV) and mental health information, to, or through, the State HIE or Government Agencies to my healthcare professionals, Medicare, Medicaid, or other third-party payer as necessary to effectuate care or payment; (b) submit a claim to my insurer for the above requested items and services; and (c) request payment of authorized benefits be made on my behalf to the applicable Provider with respect to the above requested items and services. I further agree to be fully financially responsible for any cost-sharing amounts, including copays, coinsurance and deductibles, for the requested items and services, as well as for any requested items and services not covered by my insurance benefits. I understand that any payment for which I am financially responsible is due at the time of service or, if the applicable Provider invoices me after the time of service, upon receipt of such invoice. Walgreens or its affiliates may contact you, including by autodialed and prerecorded calls and texts, at any time, using the contact information provided in your patient record regarding health and safety matters, such as vaccine reminders.

Patient signature: _____ Date: _____

(Parent or guardian, if minor)

SECTION D INSURANCE—PATIENT OR AUTHORIZED PERSON TO COMPLETE

Please ensure to record BOTH pharmacy AND medical insurance information since there are multiple ways vaccinations can be billed at Walgreens.

	Pharmacy card	Medical card
Insurance Plan/Plan ID:		
Member/Recipient ID #:		
RX BIN:		N/A
RX PCN:		N/A
Group Number:		

Medicare	Medicare Part B
Medicare number:*	
Last 4 digits of SSN:†	

*Number on the red, white and blue Medicare card.
†For insurance confirmation purposes only.

COVID-19 VACCINATION ONLYIf uninsured: I attest that I do not have any medical or pharmacy insurance. Yes

Drivers license/State ID number* (circle one) _____	Issuing state: _____
*For verification and coverage	Initial here: _____

Healthcare provider only: Individual refused to provide insurance information when I attempted to obtain the insurance information from the individual. Yes

Are you the cardholder? Yes No
If no, please provide cardholder's name,
date of birth (MM/DD/YYYY) and relationship:

SECTION E HEALTHCARE PROVIDER ONLYComplete **BEFORE** vaccine administration

- I have reviewed the **Patient Information and Screening Questions**. Initial here: _____
- I have verified that this is the **vaccine requested** by the patient. Initial here: _____
- This vaccine is appropriate for this patient based on the **Age Guidelines** provided by federal and/or state regulations and company policies. Initial here: _____
3a. Does this patient have a high-risk medical condition? Yes No
If yes, please list medical condition(s): _____
- I have discussed with the patient additional immunizations the patient may be eligible for based on age and/or health conditions Initial here: _____
- The **Vaccine NDC matches** the NDC on the bottom of this VAR form and the NDC on the patient leaflet. Initial here: _____
(Perform 3-way NDC match.)
- I have verified the **Expiration Date** is greater than today's date and have entered the **Lot # and Expiration Date** in the field below. Initial here: _____
- I have made every attempt to obtain and confirm patient insurance information Initial here: _____

For **COVID-19, Shingrix[®], MMR[®] II, Varivax[®], YF-Vax[®], Menveo[®], Imovax[®], Vaxchora[®] and RabAvert[®]**, ensure the vaccine is reconstituted following the package insert's instructions.

SECTION FComplete **DURING** the patient interaction

- I have asked the patient to confirm their **Name, DOB and Requested Vaccine** and verified it matches the information on the VAR form. Initial here: _____
- I have reviewed the **Screening Questions** with the patient. Initial here: _____
- I have reviewed the **VIS/Patient Fact Sheet** with the patient. Initial here: _____

SECTION GComplete **AFTER** vaccine administration

Vaccine	NDC	Manufacturer	Dosage	Dose # (if applicable)	Site of Administration	Vaccine Lot #	Vaccine Expiration	Diluent Lot # (if applicable)	Diluent Expiration (if applicable)	VIS/Patient Fact Sheet Published Date

Clinician's name (print): _____ Clinician signature: _____ Title: _____
If applicable, intern/tech name (print): _____ Administration date: _____
Date EUA Fact Sheet/VIS given to patient: _____

Notes**Reminder**

- Update the patient's record with any new allergy, health condition or primary care provider information.
- Enter vaccine lot #, expiration date and site of administration, then scan the VAR form into the patient's record.



**Get vaccinated.
Get your smartphone.
Get started with v-safe.**

What is v-safe?

v-safe is a smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins after you receive a COVID-19 vaccination. Through **v-safe**, you can quickly tell CDC if you have any side effects after getting the COVID-19 vaccine. Depending on your answers, someone from CDC may call to check on you. And **v-safe** will remind you to get your second COVID-19 vaccine dose if you need one.

Your participation in CDC's **v-safe** makes a difference—it helps keep COVID-19 vaccines safe.

How can I participate?

Once you get a COVID-19 vaccine, you can enroll in **v-safe** using your smartphone. Participation is voluntary and you can opt out at any time. You will receive text messages from **v-safe** around 2pm local time. To opt out, simply text "STOP" when **v-safe** sends you a text message. You can also start **v-safe** again by texting "START."

How long do v-safe check-ins last?

During the first week after you get your vaccine, **v-safe** will send you a text message each day to ask how you are doing. Then you will get check-in messages once a week for up to 5 weeks. The questions **v-safe** asks should take less than 5 minutes to answer. If you need a second dose of vaccine, **v-safe** will provide a new 6-week check-in process so you can share your second-dose vaccine experience as well. You'll also receive check-ins 3, 6, and 12 months after your final dose of vaccine.

Is my health information safe?

Yes. Your personal information in **v-safe** is protected so that it stays confidential and private.*

*To the extent **v-safe** uses existing information systems managed by CDC, FDA, and other federal agencies, the systems employ strict security measures appropriate for the data's level of sensitivity. These measures comply, where applicable, with the following federal laws, including the Privacy Act of 1974; standards enacted that are consistent with the Health Insurance Portability and Accountability Act of 1996 (HIPAA); the Federal Information Security Management Act, and the Freedom of Information Act.



Use your smartphone to tell CDC about any side effects after getting the COVID-19 vaccine. You'll also get reminders if you need a second vaccine dose.



Sign up with your smartphone's browser at vsafe.cdc.gov

OR

Aim your smartphone's camera at this code

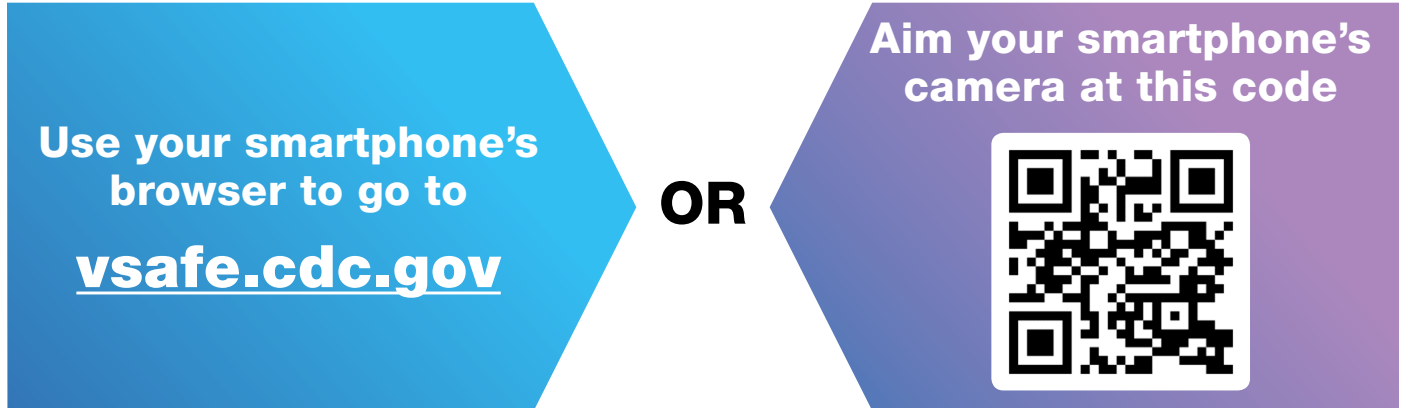


How to register and use v-safe

You will need your smartphone and information about the COVID-19 vaccine you received. This information can be found on your vaccination record card; if you cannot find your card, please contact your healthcare provider.

Register

1. Go to the **v-safe** website using one of the two options below:



2. Read the instructions. Click **Get Started**.
3. Enter your name, mobile number, and other requested information. Click **Register**.
4. You will receive a text message with a verification code on your smartphone. Enter the code in **v-safe** and click **Verify**.
5. At the top of the screen, click **Enter your COVID-19 vaccine information**.
6. Select which COVID-19 vaccine you received (found on your vaccination record card; if you cannot find your card, please contact your healthcare provider). Then enter the date you were vaccinated. Click **Next**.
7. Review your vaccine information. If correct, click **Submit**. If not, click **Go Back**.
8. **Congrats! You're all set!** If you complete your registration before 2pm local time, **v-safe** will start your initial health check-in around 2pm that day. If you register after 2pm, **v-safe** will start your initial health check-in immediately after you register — just follow the instructions.

You will receive a reminder text message from **v-safe** when it's time for the next check-in — around 2pm local time. Just click the link in the text message to start the check-in.

Complete a v-safe health check-in

1. When you receive a **v-safe** check-in text message on your smartphone, click the link when ready.
2. Follow the instructions to complete the check-in.

Troubleshooting

How can I come back and finish a check-in later if I'm interrupted?

- Click the link in the text message reminder to restart and complete your check-in.

How do I update my vaccine information after my second COVID-19 vaccine dose?

- **V-safe** will automatically ask you to update your second dose information. Just follow the instructions.

Need help with v-safe?

Call 800-CDC-INFO (800-232-4636)

TTY 888-232-6348

Open 24 hours, 7 days a week

Visit www.cdc.gov/vsafe



**FACT SHEET FOR RECIPIENTS AND CAREGIVERS
EMERGENCY USE AUTHORIZATION (EUA) OF
THE MODERNA COVID-19 VACCINE TO PREVENT CORONAVIRUS DISEASE 2019
(COVID-19) IN INDIVIDUALS 18 YEARS OF AGE AND OLDER**

You are being offered the Moderna COVID-19 Vaccine to prevent Coronavirus Disease 2019 (COVID-19) caused by SARS-CoV-2. This Fact Sheet contains information to help you understand the risks and benefits of the Moderna COVID-19 Vaccine, which you may receive because there is currently a pandemic of COVID-19.

The Moderna COVID-19 Vaccine is a vaccine and may prevent you from getting COVID-19. There is no U.S. Food and Drug Administration (FDA) approved vaccine to prevent COVID-19.

Read this Fact Sheet for information about the Moderna COVID-19 Vaccine. Talk to the vaccination provider if you have questions. It is your choice to receive the Moderna COVID-19 Vaccine.

The Moderna COVID-19 Vaccine is administered as a 2-dose series, 1 month apart, into the muscle.

The Moderna COVID-19 Vaccine may not protect everyone.

This Fact Sheet may have been updated. For the most recent Fact Sheet, please visit www.modernatx.com/covid19vaccine-eua.

WHAT YOU NEED TO KNOW BEFORE YOU GET THIS VACCINE

WHAT IS COVID-19?

COVID-19 is caused by a coronavirus called SARS-CoV-2. This type of coronavirus has not been seen before. You can get COVID-19 through contact with another person who has the virus. It is predominantly a respiratory illness that can affect other organs. People with COVID-19 have had a wide range of symptoms reported, ranging from mild symptoms to severe illness. Symptoms may appear 2 to 14 days after exposure to the virus. Symptoms may include: fever or chills; cough; shortness of breath; fatigue; muscle or body aches; headache; new loss of taste or smell; sore throat; congestion or runny nose; nausea or vomiting; diarrhea.

WHAT IS THE MODERNA COVID-19 VACCINE?

The Moderna COVID-19 Vaccine is an unapproved vaccine that may prevent COVID-19. There is no FDA-approved vaccine to prevent COVID-19.

The FDA has authorized the emergency use of the Moderna COVID-19 Vaccine to prevent COVID-19 in individuals 18 years of age and older under an Emergency Use Authorization (EUA).

For more information on EUA, see the “**What is an Emergency Use Authorization (EUA)?**” section at the end of this Fact Sheet.

WHAT SHOULD YOU MENTION TO YOUR VACCINATION PROVIDER BEFORE YOU GET THE MODERNA COVID-19 VACCINE?

Tell your vaccination provider about all of your medical conditions, including if you:

- have any allergies
- have a fever
- have a bleeding disorder or are on a blood thinner
- are immunocompromised or are on a medicine that affects your immune system
- are pregnant or plan to become pregnant
- are breastfeeding
- have received another COVID-19 vaccine

WHO SHOULD GET THE MODERNA COVID-19 VACCINE?

FDA has authorized the emergency use of the Moderna COVID-19 Vaccine in individuals 18 years of age and older.

WHO SHOULD NOT GET THE MODERNA COVID-19 VACCINE?

You should not get the Moderna COVID-19 Vaccine if you:

- had a severe allergic reaction after a previous dose of this vaccine
- had a severe allergic reaction to any ingredient of this vaccine

WHAT ARE THE INGREDIENTS IN THE MODERNA COVID-19 VACCINE?

The Moderna COVID-19 Vaccine contains the following ingredients: messenger ribonucleic acid (mRNA), lipids (SM-102, polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG], cholesterol, and 1,2-distearoyl-sn-glycero-3-phosphocholine [DSPC]), tromethamine, tromethamine hydrochloride, acetic acid, sodium acetate, and sucrose.

HOW IS THE MODERNA COVID-19 VACCINE GIVEN?

The Moderna COVID-19 Vaccine will be given to you as an injection into the muscle.

The Moderna COVID-19 Vaccine vaccination series is 2 doses given 1 month apart.

If you receive one dose of the Moderna COVID-19 Vaccine, you should receive a second dose of the same vaccine 1 month later to complete the vaccination series.

HAS THE MODERNA COVID-19 VACCINE BEEN USED BEFORE?

The Moderna COVID-19 Vaccine is an unapproved vaccine. In clinical trials, approximately 15,400 individuals 18 years of age and older have received at least 1 dose of the Moderna COVID-19 Vaccine.

WHAT ARE THE BENEFITS OF THE MODERNA COVID-19 VACCINE?

In an ongoing clinical trial, the Moderna COVID-19 Vaccine has been shown to prevent COVID-19 following 2 doses given 1 month apart. The duration of protection against COVID-19 is currently unknown.

WHAT ARE THE RISKS OF THE MODERNA COVID-19 VACCINE?

Side effects that have been reported with the Moderna COVID-19 Vaccine include:

- Injection site reactions: pain, tenderness and swelling of the lymph nodes in the same arm of the injection, swelling (hardness), and redness
- General side effects: fatigue, headache, muscle pain, joint pain, chills, nausea and vomiting, and fever

There is a remote chance that the Moderna COVID-19 Vaccine could cause a severe allergic reaction. A severe allergic reaction would usually occur within a few minutes to one hour after getting a dose of the Moderna COVID-19 Vaccine. For this reason, your vaccination provider may ask you to stay at the place where you received your vaccine for monitoring after vaccination. Signs of a severe allergic reaction can include:

- Difficulty breathing
- Swelling of your face and throat
- A fast heartbeat
- A bad rash all over your body
- Dizziness and weakness

These may not be all the possible side effects of the Moderna COVID-19 Vaccine. Serious and unexpected side effects may occur. The Moderna COVID-19 Vaccine is still being studied in clinical trials.

WHAT SHOULD I DO ABOUT SIDE EFFECTS?

If you experience a severe allergic reaction, call 9-1-1, or go to the nearest hospital.

Call the vaccination provider or your healthcare provider if you have any side effects that bother you or do not go away.

Report vaccine side effects to **FDA/CDC Vaccine Adverse Event Reporting System (VAERS)**. The VAERS toll-free number is 1-800-822-7967 or report online to <https://vaers.hhs.gov/reportevent.html>. Please include “Moderna COVID-19 Vaccine EUA” in the first line of box #18 of the report form.

In addition, you can report side effects to ModernaTX, Inc. at 1-866-MODERNA (1-866-663-3762).

You may also be given an option to enroll in **v-safe**. **V-safe** is a new voluntary smartphone-based tool that uses text messaging and web surveys to check in with people who have been vaccinated to identify potential side effects after COVID-19 vaccination. **V-safe** asks questions that help CDC monitor the safety of COVID-19 vaccines. **V-safe** also provides second-dose reminders if needed and live telephone follow-up by CDC if participants report a significant health impact following COVID-19 vaccination. For more information on how to sign up, visit: www.cdc.gov/vsafe.

WHAT IF I DECIDE NOT TO GET THE MODERNA COVID-19 VACCINE?

It is your choice to receive or not receive the Moderna COVID-19 Vaccine. Should you decide not to receive it, it will not change your standard medical care.

ARE OTHER CHOICES AVAILABLE FOR PREVENTING COVID-19 BESIDES MODERNA COVID-19 VACCINE?

Currently, there is no FDA-approved alternative vaccine available for prevention of COVID-19. Other vaccines to prevent COVID-19 may be available under Emergency Use Authorization.

CAN I RECEIVE THE MODERNA COVID-19 VACCINE WITH OTHER VACCINES?

There is no information on the use of the Moderna COVID-19 Vaccine with other vaccines.

WHAT IF I AM PREGNANT OR BREASTFEEDING?

If you are pregnant or breastfeeding, discuss your options with your healthcare provider.

WILL THE MODERNA COVID-19 VACCINE GIVE ME COVID-19?

No. The Moderna COVID-19 Vaccine does not contain SARS-CoV-2 and cannot give you COVID-19.


KEEP YOUR VACCINATION CARD

When you receive your first dose, you will get a vaccination card to show you when to return for your second dose of the Moderna COVID-19 Vaccine. Remember to bring your card when you return.

ADDITIONAL INFORMATION

If you have questions, visit the website or call the telephone number provided below.

To access the most recent Fact Sheets, please scan the QR code provided below.

Moderna COVID-19 Vaccine website	Telephone number
www.modernatx.com/covid19vaccine-eua 	1-866-MODERNA (1-866-663-3762)

HOW CAN I LEARN MORE?

- Ask the vaccination provider
- Visit CDC at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- Visit FDA at <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization>
- Contact your state or local public health department

WHERE WILL MY VACCINATION INFORMATION BE RECORDED?

The vaccination provider may include your vaccination information in your state/local jurisdiction's Immunization Information System (IIS) or other designated system. This will ensure that you receive the same vaccine when you return for the second dose. For more information about IISs, visit: <https://www.cdc.gov/vaccines/programs/iis/about.html>.

WHAT IS THE COUNTERMEASURES INJURY COMPENSATION PROGRAM?

The Countermeasures Injury Compensation Program (CICP) is a federal program that may help pay for costs of medical care and other specific expenses of certain people who have been seriously injured by certain medicines or vaccines, including this vaccine. Generally, a claim must be submitted to the CICP within one (1) year from the date of receiving the vaccine. To learn more about this program, visit www.hrsa.gov/cicp/ or call 1-855-266-2427.

WHAT IS AN EMERGENCY USE AUTHORIZATION (EUA)?

The United States FDA has made the Moderna COVID-19 Vaccine available under an emergency access mechanism called an EUA. The EUA is supported by a Secretary of Health and Human Services (HHS) declaration that circumstances exist to justify the emergency use of drugs and biological products during the COVID-19 pandemic.

The Moderna COVID-19 Vaccine has not undergone the same type of review as an FDA-approved or cleared product. FDA may issue an EUA when certain criteria are met, which includes that there are no adequate, approved, and available alternatives. In addition, the FDA decision is based on the totality of the scientific evidence available showing that the product may be effective to prevent COVID-19 during the COVID-19 pandemic and that the known and potential benefits of the product outweigh the known and potential risks of the product. All of these criteria must be met to allow for the product to be used during the COVID-19 pandemic.

The EUA for the Moderna COVID-19 Vaccine is in effect for the duration of the COVID-19 EUA declaration justifying emergency use of these products, unless terminated or revoked (after which the products may no longer be used).

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Patent(s): www.modernatx.com/patents

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