INDIVIDUAL CONSENT AND RELEASE FOR COVID-19 VACCINATION

1. Purpose. You are being offered the COVID-19 vaccine to prevent Coronavirus Disease 2019 (COVID-19) caused by SARS-CoV-2 because there is currently a pandemic of COVID-19. This vaccine has been granted Emergency Use Authorization by the Food and Drug Administration (FDA) and may prevent you from getting COVID-19.

This vaccination does not create a patient-provider or patient-physician relationship with The University of Texas at El Paso (“UTEP”).

2. Vaccination Explanation & Associated Risks. This vaccination will include the following procedure: injection into the muscle, which will consist of either one or two doses depending on the vaccine available. Vaccination will involve equipment, supplies or procedures approved by the FDA only for emergency use. It is common to feel one or more of the following: injection site pain, tiredness, headache, muscle pain, chills, joint pain, fever, injection site swelling, injection site redness, nausea, feeling unwell, or swollen lymph nodes during vaccination and for a short time after the vaccination. In very rare instances, you could experience further signs and symptoms related to the vaccination requiring follow up with a primary care physician such as difficulty breathing, swelling of your face and throat, a fast heartbeat, a rash all over your body, dizziness and weakness. By accepting the vaccination invitation, participating in the Emergency Use Authorization vaccination and your participation at the vaccination site, you hereby confirm you understand the risks involved and release UTEP, and any other organization(s) associated with this vaccine, their affiliates, employees, agents, successors and assigns, from any liability arising from or in any way connected with your participation in this Vaccination Program.

3. Confidentiality & Use of Personal Information. By receiving this vaccination, you understand and acknowledge that certain information relating to the administration of the vaccine may be reported to the local, state, and federal public health agencies, including but not limited to: Centers for Disease Control and Prevention, Health and Human Services, the Health and Human Services Commission, the City of El Paso, and El Paso County. Vaccination information will be reported in compliance with state law, local health authority order(s), and/or state or federal disaster declarations. Any personally identifiable health information obtained in conjunction with your vaccination will be protected and used only in accordance with this consent and applicable laws.

4. Release of Claims. In consideration of your participation in receiving this vaccination, you agree to assume full responsibility for your personal outcomes. You understand that your vaccination is not designed to replace the care or advice of a medical provider. If you have a disease condition, fall into certain high health risk categories, and/or receive abnormal laboratory tests, you should promptly consult with your primary care physician or follow up with a healthcare provider. UTEP and any of its employees, staff, or affiliates are NOT liable for any health consequences resulting from your vaccination, and are NOT responsible for ensuring that you have consulted with your physician regarding your vaccination. Your participation authorizes UTEP, in its sole discretion, to initiate tracing procedures if warranted. YOU HEREBY RELEASE UTEP, AND ITS EMPLOYEES, PERSONNEL AND AGENTS FROM ANY AND ALL DAMAGES AND CLAIMS CAUSED BY OR RESULTING FROM YOUR PARTICIPATION IN THIS VACCINATION PROGRAM. This release shall also be binding upon your heirs, executors, and administrators. In addition, you understand that federal laws enacted to facilitate COVID-19 emergency use vaccine may prohibit you from seeking recourse against UTEP in the event of an adverse outcome.

5. Freedom of Consent. You: (i) understand the attendant risks and discomforts of COVID-19 emergency use vaccination; (ii) were given the opportunity to ask questions related to this service; and (iii) voluntarily grant permission to UTEP, including all Vaccination Program personnel and volunteers, to perform this vaccination.

If you have any severe adverse reactions call 9-1-1, or go to the nearest hospital or medical facility. By law, state and local public health agencies will be notified. If you need medical care, please contact your primary care doctor or health plan and notify any health care provider or facility that you have received the vaccination.

Individual Consent and Release

- I have read this consent and release, understand participation is voluntary, and agree to participate in the COVID-19 Vaccination Program at UTEP.
- I HEREBY RELEASE UTEP, AND ITS EMPLOYEES, PERSONNEL AND AGENTS FROM ANY AND ALL DAMAGES AND CLAIMS CAUSED BY OR RESULTING FROM MY PARTICIPATION IN THE COVID-19 VACCINATION PROGRAM AT UTEP.