

CATERPILLAR**SARS-CoV-2**
(COVID-19)

You have been provided a copy of the Moderna Emergency Use Authorization Fact Sheet (“Moderna EUA Fact Sheet”) for the vaccine. **Please read the Moderna EUA Fact Sheet before receiving the vaccine. If you have any questions about the Moderna EUA Fact Sheet or did not receive one, please notify Caterpillar Medical before receiving the vaccine.** All risks, warnings, representations and warranties about the vaccine are contained in the Moderna EUA Fact Sheet. There is currently no Vaccine Information Sheet (“VIS”) approved by the Centers for Disease Control and Prevention for the Moderna Vaccine.

The following questions will help to determine if the vaccine may be given today. Caterpillar Medical (“CM”) is offering the Moderna COVID-19 Vaccine through one of Caterpillar’s group health plans (the “Health Plan”). CM personnel or a third-party contractor hired or engaged by Caterpillar will administer the vaccine. If you answer yes to questions, it does not necessarily mean that you should not be vaccinated, it just means additional questions may be asked to determine whether you can be vaccinated today. If a question is not clear, please ask the vaccine administrator to explain it.

1. Are you moderately or severely ill today? (Do not withhold vaccine for minor symptoms.)	YES	NO
2. Have you ever received a dose of COVID-19 vaccine? (If second dose, confirm correct date interval between doses and that it was <u>Moderna</u> vaccine. Moderna: 28 days.) If yes, which vaccine product did you receive? <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Other _____ What date did you receive the prior vaccine dose? _____	YES	NO
3. Have you ever had an immediate or severe allergic reaction to polysorbate, polyethylene glycol (PEG), a previous dose of the COVID-19 vaccine or any of the other components of the COVID-19 vaccine? (If YES, CM will not vaccinate because this is a contraindication to receiving COVID vaccine.) Vaccine components: Nucleoside-modified mRNA encoding viral spike (S) glycoprotein of SARS-CoV-2; PEG2000-DMG (1,2-dimyristoyl-rac-glycerol, methoxypolyethylene glycol); 1,2-distearoyl-sn glycerol-3-phosphocholine; cholesterol; SM-102: heptadecane-9-yl 8-((2-hydroxyethyl)(6-oxo-6-(undecyloxy) hexyl) amino) octanoate; Tromethamine; Tromethamine hydrochloride; Acetic acid; Sodium acetate; Sucrose (PEG is an ingredient in some laxatives and colonoscopy preps. Severe reaction includes anaphylaxis or hives/swelling/wheezing within 4 hours.	YES	NO
4. Have you ever had a serious reaction after any other vaccine? (If YES, CM will not vaccinate as a precaution.)	YES	NO
5. Have you ever had a severe allergic reaction to something other than a component of the COVID-19 vaccine, polysorbate, or any other vaccine or injectable medication? This would include food, pets, an environmental irritant or oral medication. (If YES, must be observed for 30 minutes after administration.)	YES	NO
6. Do you have a bleeding disorder or take a blood thinner? (If YES, hold pressure for 2 minutes at injection site without rubbing.)	YES	NO
7. Do you have a weakened immune system due to medication or underlying medical condition? (If YES, CM recommends you discuss benefits/risk with your personal healthcare provider prior to receiving the vaccine.)	YES	NO
8. Have you had any other vaccines in the previous 14 days? (If YES, dose should be delayed until 14 days after last vaccine.)	YES	NO
9. Have you ever had a positive test for COVID-19 or has a healthcare provider ever told you that you had COVID-19? (If YES, you should be fully recovered and complete all requirements for the complete isolation period to receive the vaccine. Vaccine may be delayed for 90 days, if desired, because reinfection is uncommon.)	YES	NO
10. Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19? (If YES, vaccine should be deferred for 90 days, as a precautionary measure, to avoid interference of the antibody treatment with vaccine-induced immune responses.)	YES	NO
11. Are you pregnant or breastfeeding? (If YES, CM recommends you discuss benefits/risk with your personal healthcare provider prior to receiving the vaccine.)	YES	NO

MODERNA COVID-19 VACCINE INFORMED CONSENT

I AM AWARE OF THE POSSIBLE ADVERSE REACTIONS AND OTHER RISKS ASSOCIATED WITH THE MODERNA COVID-19 VACCINE AND ITS ADMINISTRATION. I HAVE HAD THE OPPORTUNITY TO READ THE MODERNA EUA FACT SHEET PROVIDED TO ME. I UNDERSTAND THAT CATERPILLAR, CM AND THE HEALTH PLAN MAKE NO REPRESENTATIONS OR WARRANTIES, EXPRESS OR IMPLIED, ABOUT THE VACCINE AND ITS ADMINISTRATION. I VOLUNTARILY ASSUME ALL SUCH RISKS AND AGREE TO RELEASE AND HOLD CATERPILLAR INC., CM, AND THE HEALTH PLAN AND THEIR EMPLOYEES, AGENTS, AND REPRESENTATIVES HARMLESS FROM INJURIES OR DAMAGES THAT OCCUR AS A RESULT OF RECEIVING THE VACCINE.

I acknowledge and authorize CM and the Health Plan to: (1) share information about me and my receipt of the vaccine with federal, state and local health agencies as required or allowed by such agencies and (2) maintain such information for the purpose of complying with any federal, state or local reporting requirement.

I acknowledge that I am not creating a patient-healthcare provider relationship with CM or its designated personnel (including, without limitation, the physician who initially ordered the vaccine) by receiving the vaccine. I acknowledge that neither CM, nor its designated personnel or any health care provider affiliated or associated with CM, is acting as my medical provider. I am responsible for seeking medical advice, care and treatment from my medical provider if I have questions or concerns, or if I develop signs or symptoms of COVID-19.

I understand that receiving the vaccine is voluntary and that I may decline receiving the vaccine and/or revoke this consent in writing at any time except to the extent that CM has already taken action in reliance on this consent before revocation. I also understand that no adverse action will be taken against me for declining to be vaccinated or revoking consent.

I, the undersigned, have been informed about the vaccine purpose, procedures, possible benefits and risks, and I have been offered a copy of the Informed Consent Form. I have had an opportunity to have my questions answered. The consent provided by me under this Informed Consent Form is valid until revoked. With full understanding, I request to be immunized with the Moderna COVID-19 vaccine and authorize the disclosure of my personal information as provided above.

☐ I am an employee of Caterpillar. I am not an agency worker, independent contractor, or a person who provides my services to Caterpillar as an employee of another employer.

Name (please print):	Employee No.:
Signature:	Date:
Date of Birth:	Gender:
Address: _____	
City: _____ State: _____ Zip Code: _____	
Business Unit:	Facility:
Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> White	
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown	

Name: _____ Employee No.: _____

THIS SECTION TO BE COMPLETED BY MEDICAL PERSONNEL

Manufacturer: _____ Lot No.: _____ Expiration Date: _____

Dose number: 1 or 2 (circle) Dose Amount: _____(ML) Injection Site _____(IM)

Moderna EUA Fact Sheet given: _____ Date of Moderna EUA Fact Sheet Publication: _____

Administered By: _____ Date: _____

Title of person administering vaccine: _____

RECOMMENDED OBSERVATION PERIOD: ☐ 15 MINUTES ☐ 30 MINUTES