

## **Attestation For Administration of Any FDA Approved Vaccine**

I understand that the vaccine I am receiving is being administered to me, follows the guidelines set forth by the U.S. Food and Drug Administration. The vaccine I am receiving is fully approved by the US FDA. I agree that Cincinnati Health Department (CHD) has not made any guarantees to me about the result(s) of this vaccination, and I understand that I may experience side effect(s) after receiving this vaccine. If required depending on the vaccine manufacturer; I further understand that if this vaccine needs to be administered as a 2-dose series, I agree that I will promptly schedule my second-dose appointment as indicated. I agree that it is my personal decision to receive this FDA approved vaccine, and I give CHD permission to administer this vaccine to me. By signing below, I further confirm that: I have read this Attestation or had it effectively communicated to me; any questions I may have had about it or the vaccine document(s) provided to me by CHD have been answered to my satisfaction; I understand and accept all terms of this Attestation; I am the individual identified, above, or his/her authorized personal representative, legal guardian; I am at least 18 years of age; and that I have consented to this Attestation voluntarily.