



## **Moderna COVID-19 Vaccine After Care Sheet**

After you receive the vaccine, you should:

- **Wait for at least 15 minutes** either in the clinic or outside the clinic (such as in your vehicle).
- **Leave your mask on** and **remain at least 2 metres away** from anyone not part of your household during wait time.
- **Inform a health care provider** at the clinic if you feel unwell.
- **Not operate a vehicle** or other form of transportation for at least 15 minutes after being vaccinated or if you are feeling unwell.

**Vaccine side effects can develop in the day or two after receiving the vaccine and will go away on their own.**

- The most common side effect is pain and swelling at the injection site. A cool, damp cloth or wrapped ice pack may help relieve any discomfort.
- Others may include tiredness, headache, muscle pain, nausea, vomiting, joint pain, chills or fever.
- Enlarged lymph nodes (swollen glands in the underarm) that last for several days may also occur.
- Acetaminophen or ibuprofen may help with pain or fever

**Serious side effects after receiving the vaccine are rare but can include:**

- Hives (bumps on the skin that are often very itchy)
- Swelling of the face, tongue or throat
- Difficulty breathing

Should you develop symptoms of an allergic reaction call 9-1-1.

**Serious side effects after vaccination should be reported to your local public health department.**



### Things to remember:

- **Return for your second dose of the vaccine in 28 days.** It is very important to receive the second dose for the vaccine to work well.
  - **Continue to follow the recommendations of local public health officials** to prevent spread of COVID-19, such as wearing a mask, staying at least 2 metres from others and limiting social contacts.
  - **Do not receive any other vaccines** until you have received both doses of the COVID-19 vaccines. You must wait 28 days after the second dose of COVID-19 vaccine before you can receive any other vaccines.
  - **Bring your immunization record with you for the second dose** and tell the person providing the second dose about any side effects you experienced after the first dose.
  - **Keep this sheet or other immunization record** in a safe place. You can also download the [CANimmunize](#) app to keep track of this and other vaccines.
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### IMMUNIZATION RECORD

**Name of client:**

**Date of birth of client** (month/day/year):

**Health card number / First Nations Status Card Number:**

**Record for Moderna COVID-19 Vaccine**

<b>Dose #</b>	<b>Date</b> Month/day/year	<b>Lot number</b>	<b>Site</b>	<b>Given by</b> Name and professional designation
<b>1</b>				
<b>2</b>				