

COVID-19

All nurses who administer COVID-19 vaccinations at this event must sign.
Return to TotalWellness after this event with your paperwork.



FOR REGISTERED NURSES AND DELEGATED PERSONNEL TO THE COVID-19 PROTOCOL STANDING PRESCRIPTION ORDER AND AGREEMENT TO ADMINISTER INJECTIONS

By signing below, you hereby agree and acknowledge as follows:

1. You have received a copy of the "COVID-19 Protocol Standing Prescription Order and Agreement to Administer Injections" (the "Standing Order").
2. You understand that you are a Nurse or Delegated Personnel as defined in the Standing Order.
3. You have had sufficient time to review and do understand the terms and conditions of the Standing Order.
4. You agree to be bound by all obligations contained in the Standing Order to Nurses or Delegated Personnel (as defined in the Standing Order), as applicable.
5. In the event you are no longer able to comply with all applicable terms and obligations of the Standing Order, you will cease providing services under the Standing Order and immediately notify the Overseeing Registered Nurse identified below.

Primary Nurse:

Event ID #: _____

Printed Name & Title

Signature

License Number

Date

Secondary Nurses:

1. _____
Printed Name & Title

Signature

Nurse License Number

Date

2. _____
Printed Name & Title

Signature

Nurse License Number

Date

3. _____
Printed Name & Title

Signature

Nurse License Number

Date

4. _____
Printed Name & Title

Signature

Nurse License Number

Date

5. _____
Printed Name & Title

Signature

Nurse License Number

Date

6. _____
Printed Name & Title

Signature

Nurse License Number

Date

7. _____
Printed Name & Title

Signature

Nurse License Number

Date

**2025-2026 FORMULA MODERNA COVID-19 VACCINE (SPIKEVAX)
INTERIM STANDING ORDERS FOR ADMINISTERING VACCINE**



The undersigned physician (the "Physician"), a duly licensed medical doctor, hereby authorizes the below named Nurse (defined below) to dispense and administer the vaccine and the vaccine protocol as set forth below.

The undersigned nurse ("Nurse"), a duly licensed Registered Nurse, or the undersigned Delegated Personnel according to and in compliance with the applicable State law, may administer the following COVID-19 vaccines to the designated eligible persons pursuant to the vaccine manufacturer's prescribing information contained with the vaccine, which may change from time to time. The Nurse shall review the prescribing information for each lot of vaccine prior to use. As of the date of this Protocol and as otherwise updated from time to time, the relevant prescribing information is set forth on the Schedule A attached hereto.

The Nurse's, or Delegated Personnel's (defined below), administration of a vaccine will comply with the current guidelines from the Advisory Committee on Immunization Practices of the U.S. Centers for Disease Control and Prevention ("CDC").

The records of patients should be available for periodic review by the Physician. When required by the law of the State where the vaccination is to be administered, the Nurse, or Delegated Personnel, should carry out this standing order only when a physician consultation is immediately available.

The Nurse shall delegate the administration of the injection only to another Registered Nurse or other licensed person eligible to administer the injection as set forth by the law of the State where the vaccination is to be administered ("Delegated Personnel") that have agreed to be bound by all applicable obligations of this standing order. The Nurse, or other Delegated Personnel, shall provide to the patient prior to vaccination, or in the case of a minor patient, to the minor patient's parent or guardian, a current Vaccine Information Sheet ("VIS").

If the undersigned is a Nurse, then the Nurse warrants that he/she is licensed under the law of the State in which the vaccination is to be administered and within the counties set forth herein and authorized to assess need and administer COVID-19 vaccination based upon this standing order and in accordance with all applicable laws.

If the undersigned is a Delegated Personnel, then the Delegated Personnel warrants that he/she has independently secured a person to lawfully perform the role of a Nurse, as defined herein, based upon this standing order and in accordance with all applicable laws. In the event the foregoing is or becomes untrue, then the Delegated Personnel is directed to immediately cease performing services under this standing order and contact the Physician. Each Designated Personnel shall be licensed under the law of the State in which the vaccination is to be administered and within the counties set forth herein and authorized to assess need and administer COVID-19 vaccination based upon this standing order and in accordance with all applicable laws.

The Nurse or Delegated Personnel shall question or receive in writing from injection candidates information regarding previous adverse events following an injection, food or drug allergies, current health status, pregnancy status, and underlying diseases, including history of Guillain-Barre Syndrome. The Nurse or Delegated Personnel shall not provide, without first receiving specific authority from the Physician, an injection to any candidate:

- That has had life-threatening reactions to previous COVID-19 vaccinations;
- That has a fever, cold symptoms, flu symptoms, or COVID-19 symptoms;
- History of multisystem inflammatory syndrome in children (MIS-C) or adults (MIS-A);
- History of myocarditis or pericarditis within 3 weeks after a dose of any COVID-19 vaccine.

Injection candidate must agree in writing that they are an eligible candidate to receive the COVID-19 vaccine.

This standing order shall remain in effect for one (1) year from the date of the Physician's signature below. Facsimile and other scanned or copied signatures shall be effective. This Standing Order may be photocopied and used for more than one State and with more than one Nurse within each State.

Thomas J. Safranek
Physician Signature

Thomas J Safranek, MD
Physician Printed Name

09/09/2025
Date

Overseeing Registered Nurse, TotalWellness Director of Nursing:

Melissa Medley
Overseeing Nurse Signature

Melissa Medley, R.N.
Overseeing Nurse Printed Name

09/09/2025
Date

888-434-4358 x1210
Overseeing Nurse Phone

SCHEDULE A VACCINE PROTOCOL

As of the date of this Protocol and as otherwise updated from time to time, the relevant prescribing information for the 2025-2026 formula Moderna COVID-19 vaccine (SPIKEVAX) is as follows:

2025-2026 formula Moderna COVID-19 vaccine (SPIKEVAX) is approved for use in individuals who are:

- 65 years of age and older, or
- 6 months through 64 years of age with at least one underlying condition (See Table 1 for list) that puts them at high risk for severe outcomes from COVID-19.

This standing order is for use of Spikevax prefilled, single dose syringes for persons 12 years and older administered intramuscularly. SPIKEVAX will be provided in 0.50 mL single dose pre-filled syringes.

Assess individuals 12 years and older who are *not immunocompromised* irrespective of previous COVID-19 vaccinations status per table below:

Age	Number of Moderna COVID-19 2025-2026 doses indicated	Dosage
12 Years and older	1	0.50 mL
If previously vaccinated with any COVID-19 vaccine, administer the dose \geq months after the last dose of COVID-19 vaccine.		

Assess individuals ages 12 years of age and older who are immunocompromised for COVID-19 vaccination status per table below:

COVID-19 Vaccination history before 2025-2026 vaccine	Number of Moderna COVID-19 2025-2026 doses indicated	Dosage	Interval between doses
Unvaccinated	4	0.50 mL	2025-2026 Dose 1: Day 0 2025-2026 Dose 2: 4 weeks after Dose 1 2025-2026 Dose 3: 4 weeks after Dose 2 2025-2026 Dose 4: At least six months (minimum interval 2 months) after Dose 3*
Previous 1 dose of Moderna vaccine	3	0.50 mL	2025-2026 Dose 1: At least 4 weeks after previous dose 2025-2026 Dose 2: At least 4 weeks after 2025 – 2026 Dose 1 2025-2026 Dose 3: At least six months (minimum interval 2 months) after 2025 – 2026 Dose 2*
Previous 2 doses of Moderna	2	0.50 mL	2025-2026 Dose 1: At least 4 weeks after previous Moderna dose 2025-2026 Dose 2: At least six months (minimum interval 2 months) after 2025- 2026 Dose 1*
Previously complete initial 3-dose vaccination series with 3 or more doses Moderna or Pfizer or Novavax	2	0.50 mL	2025-2026 Dose 1: Administer at least 8 weeks after previous dose 2025-2026 Dose 2: At least six months (minimum interval 2 months) after 2025- 2026 Dose 1*

* Providers may administer further additional doses based on clinical judgment and patient circumstances. May administer additional doses of Moderna of Novavax of Pfizer-BioNTech.

Additional Clinical Considerations

- Moderna COVID-19 Vaccine (2025-2026 Formula) may be simultaneously administered with influenza vaccine.
- Administration of COVID-19 vaccines should not be delayed in patients taking immunosuppressive therapies. Whenever possible, COVID-19 vaccines should be administered at least 2 weeks before initiation or resumption of immunosuppressive therapies. For patients who receive B-cell-depleting therapies on a continuing basis, COVID-19 vaccines should be administered approximately 4 weeks before the next scheduled therapy. Participants who fall into this category should consult with their physician prior to receiving a COVID-19 vaccine from an onsite event.
- Some individuals may need to be revaccinated and should consult with their physician. Such individuals include persons who received doses of COVID-19 vaccine prior to or during hematopoietic cell transplantation (HCT) or chimeric antigen receptor T-cell (CAR-T- cell) therapy.

Administer the Moderna COVID-19 Vaccine (2025-2026 Formula) in the deltoid muscle via intramuscular (IM) route. Properly dispose of used needle and syringe in provided sharps container. Appropriately document vaccination on participant's consent form.

TABLE 1

CDC 2025 LIST OF UNDERLYING MEDICAL CONDITIONS THAT INCREASE A PERSON’S RISK OF SEVERE COVID-19

Asthma
Cancer <ul style="list-style-type: none"> • Hematologic malignancies
Cerebrovascular disease
Chronic kidney disease* <ul style="list-style-type: none"> • People receiving dialysis[^]
Chronic lung diseases limited to the following: <ul style="list-style-type: none"> • Bronchiectasis • COPD (Chronic obstructive pulmonary disease) • Interstitial lung disease • Pulmonary embolism • Pulmonary hypertension
Chronic liver diseases limited to: <ul style="list-style-type: none"> • Cirrhosis • Non-alcoholic fatty liver disease • Alcoholic liver disease • Autoimmune hepatitis
Cystic fibrosis
Diabetes mellitus, type 1
Diabetes mellitus, type 2*
Disabilities‡, including Down syndrome
Epilepsy
Hemophilia
Heart conditions (such as heart failure, coronary artery disease, or cardiomyopathies)
HIV (Human immunodeficiency virus)
Mental health conditions limited to: <ul style="list-style-type: none"> • Mood disorders, including depression • Schizophrenia spectrum disorders
Neurologic conditions limited to dementia‡ and Parkinson’s Disease
Obesity (BMI ≥30 kg/m ² or ≥95 th percentile in children)
Overweight (BMI ≥25 kg/m ² but <30 kg/m ²)
Physical inactivity
Pregnancy and recent pregnancy
Primary immunodeficiencies
Sickle cell disease
Smoking, current and former
Solid organ or blood stem cell transplantation
Substance use disorders
Tuberculosis
Use of corticosteroids or other immunosuppressive medications

* Indicates presence of evidence for pregnant and non-pregnant women

‡ Underlying conditions for which there is evidence in pediatric patients full listing available at <https://www.cdc.gov/covid/hcp/clinical-care/underlying-conditions.html>.

[^] Risk may be further increased for people receiving dialysis

Source: Centers for Disease Control and Prevention. Underlying Medical Conditions Associated with Higher Risk for Severe COVID-19. CDC. Published June 11, 2025. Accessed September 4, 2025. <https://www.cdc.gov/covid/hcp/clinical-care/underlyingconditions.html>. This resource provides detailed evidence grading for each clinical condition listed in the table.