Vaccinator Provider's Name: _____

Moderna COVID-19 Vaccine EXAMPLE Competency Exam

***Refer to* the EUA Fact Sheet for Healthcare Providers (current as of 3/31/2021) *for questions 1-21*:**

1. **This vaccine can be given to patients for the following ages:**
   a. 6 months & older **b.** 12 years & older **c.** 16 years & older **d.** 18 years & older
2. **NON-THAWED and unpunctured multiple-dose vials should be protected from light and stored at:**
   a. -80°C to -60°C **b.** -60°C to -20°C **c.** -50°C to -15°C **d.** 2°C to 8°C
3. **The vaccine can be thawed in the REFRIGERATOR (2°C to 8°C) for _____ (depending on vial size) and safely stored for up to _____ prior to first use. When ready to administer, let the vial stand at room temperature for 15 minutes.**
   a. 1 to 2 hours; 12 hours **b.** 2.5 to 3 hours; 30 days **c.** 1 to 2 hours; 5 days **d.** 2 to 3 hours; 6 hours
4. **Alternatively, the vaccine can be thawed at ROOM TEMP (15°C to 25°C) for _____ before administering.**
   a. 30 minutes **b.** 1 to 1.5 hours **c.** 3 to 4 hours **d.** 6 hours
5. **Unpunctured vials may be stored between 8°C to 25°C for up to:**
   a. 2 hours **b.** 6 hours **c.** 12 hours **d.** 24 hours
6. **After the first dose has been drawn, the vial should be stored between _____and discarded after _____.**
   a. -80°C to -60°C; 6 hours **b.** -80°C to -60°C; 12 hours **c.** 2°C to 25°C; 6 hours **d.** 2°C to 25°C; 12 hours
7. **The following are appropriate ways to transport vaccine vials according to the EUA:**
   a. -50°C to -15°C **b.** 2°C to 8°C (up to 12 hours – do not refreeze) **c.** Both (a) and (b) are correct
8. **The vaccine is a _____ series with the 2nd dose ideally given on day _____.**
   a. 2-dose; 21 **b.** 2-dose; 28 **c.** 3-dose; 14 **d.** 1-dose; 21
9. **How should the vaccine be administered?**
   a. Intramuscularly; 0.3mL per dose **b.** Intramuscularly; 0.5mL per dose
   c. Subcutaneously; 0.3mL per dose **d.** Subcutaneously; 0.5mL per dose
10. **This vaccine is supplied in two multiple-dose vial presentations. Depending on the syringes and needles used for each dose, the expected number of doses that can be drawn from each vial size are _____ & _____.**
    a. 10-11; 13-15 **b.** 8-9; 15-17 **c.** 10-12; 20-25 **d.** 5-6; 10-12
11. **True/False** It is appropriate to interchange this vaccine with other COVID-19 vaccines to finish the series.
12. **True/False** If a full dose cannot be drawn from a single vial, it is ok to pool vaccine from other vials.
13. **True/False** After the first dose is withdrawn, record date and time immediately on the vial.
14. **True/False** This vaccine must be diluted prior to administration.
15. **True/False** Before drawing up a dose of the vaccine, vigorously shake the vial to properly mix the product.
16. **True/False** Once thawed, the vaccine should not be refrozen.
17. **True/False** Non-thawed and unopened vials can be stored on dry ice or below -50°C.
18. **True/False** Thawed vials can be handled in room light conditions.
19. **Regarding the "Fact Sheet for Recipients and Caregivers", the vaccination provider MUST:**
    a. Provide a copy of the Fact Sheet
    b. Direct the recipient/caregiver to the website www.modernatx.com/covid19vaccine-eua to obtain the Fact Sheet
    c. Any of the above are correct
    d. None of the above; providing the Fact Sheet is NOT Required

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20. **The vaccination provider is responsible for mandatory reporting of the following that occur post-administration of this vaccine to the Vaccine Adverse Event Reporting System (VAERS):**
    - **a.** Vaccine administration errors, even if no adverse event occurred
    - **b.** Serious adverse events (life-threatening, death, hospitalization, etc.)
    - **c.** Cases of Multisystem Inflammatory Syndrome (MIS)
    - **d.** Case of COVID-19 that result in hospitalization or death
    - **e.** All of the above are correct

21. **The vaccination provider must communicate to the recipient/caregiver information consistent with the "Fact Sheet for Recipients and Caregivers" prior to vaccine administration, including:**
    - **a.** FDA has authorized the emergency use of the vaccine, which is not a fully licensed vaccine
    - **b.** The recipient or caregiver has the option to accept or refuse the vaccine
    - **c.** The significant known/potential risks and benefits of the vaccine, and the extent to which such risks and benefits are unknown
    - **d.** Information about the available alternative vaccines and the risk and benefits of those alternatives
    - **e.** All of the above are correct

Answers to questions 22-29 can be found on the CDC website regarding Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the US by clicking here (updated 5/14/2021):

22. **True/False** Pregnant patients should never be offered this COVID vaccine.

23. **True/False** Patients who are immunocompromised, pregnant, breast-feeding, or have history of a resolved COVID-19 infection can generally be offered this COVID vaccine.

24. **True/False** Patients who are currently on home isolation with suspected or confirmed COVID should come to the clinic to get vaccinated during their quarantine period.

25. **True/False** A 32-year-old patient arrives to your clinic for their second dose of the COVID vaccine. It has been 40 days since their first vaccination. Giving a second dose today would be considered "valid", and the 2-dose series can be considered as "complete".

26. **What is the minimum interval for the second dose of the vaccine to be considered as "valid"?**
    a. 17 days **b.** 21 days **c.** 24 days **d.** 28 days

27. **It is recommended to space the COVID vaccine from any other vaccines by at least:**
    a. 7 days **b.** 14 days **c.** 21 days **d.** Minimum spacing is no longer recommended

28. **Which of the following patients need to be observed for at least 30 minutes post-vaccination (versus the standard 15 minutes) to monitor for the occurrence of immediate adverse reactions?**
    - **a.** History of immediate allergic reaction to other vaccines unrelated to COVID vaccine components
    - **b.** History of anaphylaxis due to any cause unrelated to COVID vaccine components
    - **c.** History of immediate/severe allergic reaction to polyethylene glycol (PEG)
    - **d.** Both (a) and (b) are correct
    - **e.** All of the above are correct

29. **Which of the following scenarios would be a CONTRAINDICATION to receiving the vaccine?**
    - **a.** 32-year male with history of anaphylaxis to amoxicillin for acute sinusitis
    - **b.** 67-year old male with history of anaphylaxis following injectable promethazine for nausea
    - **c.** 42-year old female with history of anaphylaxis to polyethylene glycol (PEG) when preparing for a colonoscopy procedure
    - **d.** 86-year old female with history of anaphylaxis following a bee sting

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Vaccine Provider's Printed Name Signature Date