



COVID-19 Vaccine
INFORMATION AND CONSENT FORM

Form with fields for NAME (Last, First), Date of Birth, Age, ADDRESS, EMAIL, CITY, STATE, ZIP, DAYTIME PHONE NUMBER, EMERGENCY CONTACT (Name, Relation, Phone Number), Race (check only 1), Ethnicity (check only 1), Primary Language, Gender.

Please answer the health questions below:
1. Are you feeling sick today?
2. Have you ever received a dose of COVID-19 vaccine?
3. Have you ever had a severe allergic reaction...
4. Check all that apply to you:
5. Check all that apply to you:

I have been given a copy and have read the Emergency Use Authorization (EUA) and reviewed the FDA Fact Sheet for Recipients and Caregivers for the COVID-19 vaccine product I will be administered... My signature acknowledges that I was advised to remain on site for 15 minutes after receiving the vaccine.

FOR ADMINISTRATIVE USE ONLY

Vaccine recipient provided:
Pfizer (age 12 and over)
Pfizer (age 5 through 11 years)
Pfizer (age 6 months through 4 years)
Moderna (age 12 years and over)
Moderna (age 6 years through 11 years)
Moderna (age 6 months through 5 years)
Janssen

Table with 8 columns: Vaccine, Dose, Route, Date Administered, Vaccine Manufacturer, Lot Number, Expiration Date, Name of Vaccine Administrator.