

COVID-19 Vaccine INFORMATION AND CONSENT FORM

| NAME (Last) | | (First) | | Date of Birth: | | | Age: | |
|--|----------------------------------|---|-------------|----------------------|--------------------|-----------------|------------------------------|----------------|
| ADDRESS | | | EMAIL | | | | | |
| CITY | STATE | ZIP | | DAYTIME PHONE NUMBER | | | | |
| EMERGENCY CONTACT: | EMERGENCY CONTACT: Name Relation | | | | | one Number | | |
| Race: (check only 1) ☐ Asian/Polynesian ☐ Black ☐ Native Am/Alaskan ☐ Whit | ☐ Not Hispa | Ethnicity: (check only 1 Not Hispanic Hispanic Unknown | | □ English | | | Gender: Male Female | |
| Please answer the health questions below: | | | | | | | No | Do Not Know |
| Are you feeling sick today? Have you ever received a dose of COVID-19 vaccine? *If yes, which vaccine product: | | | | | | | | |
| 2. Have you ever received a ☐ Pfizer ☐ Moderna ☐ Jans | | | es, which v | accine p | product: | | | |
| Have you ever had a severe allergic reaction that required treatment with Epinephrine or | | | | | | | | |
| EpiPen, or caused you to go to the hospital, caused hives, swelling, or respiratory distress | | | | | | | | |
| including wheezing? | | | | | | | | |
| *Was the severe reaction after receiving a COVID-19 vaccine? *Was the severe reaction after receiving another vaccine or another injectable medication? | | | | | | | | |
| 4. Check all that apply to you: | | | | | | | | |
| □ Have a history of myocarditis or pericarditis □ Have a history of Guillain-Barre Syndrome | | | | | | | | |
| ☐ Have a history of History of History of Guillain-Barre Syndrome ☐ Have a history of heparin-induced thrombocytopenia (HIT) | | | | | | | | |
| ☐ Am currently pregnant or breastfeeding ☐ Have received dermal fillers | | | | | | | | |
| ☐ Had COVID-19 and was treated with monoclonal antibodies or convalescent serum | | | | | | | | |
| ☐ Diagnosed with multisystem inflammatory syndrome (MIS-C or MIS-A) after a COVID-19 infection | | | | | | | | |
| 5. Check all that apply to you: ☐ Have a weakened immune system (i.e., HIV infection, cancer): If yes list condition: | | | | | | | | |
| ☐ Take immunosuppressive drugs or therapies: If yes, please list: | | | | | | | | |
| - rate initial coupproceive arage or alorapies. If you, please list. | | | | | | | | |
| 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 (choose one of the following): | | | | | | | | |
| Pfizer (age 6 months through 4);Pfizer (age 5 through 11); Pfizer (age 12 & over); Moderna (age 6 | | | | | | | | |
| months through 5); Moderna (age 6 through 11); Moderna (age 12 and over); Janssen (age 18 and | | | | | | | | |
| over); Novavax (age 18 and over). | | | | | | | | |
| I have had the chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine indicated and ask that it be given to me, or the person named for whom I am authorized to make this request. | | | | | | | | |
| | | | | | | | | |
| My signature acknowledges that I was advised to remain on site for 15 minutes after receiving the vaccine. Those with previous anaphylactic reactions should stay for 30 minutes | | | | | | | | |
| Those with previous anaphylactic reactions should stay for 30 initiates | | | | | | | | |
| X | | | | | | | | |
| Date Print Name Patient or Parent/Guardian S | | | | | | | Signatur | ·е |
| FOR ADMINISTRATIVE LIGE ONLY | | | | | | | | |
| FOR ADMINISTRATIVE USE ONLY | | | | | | | | |
| Vaccine recipient provided: □ Pfizer-BioNTech (Fact Sheets) https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid- | | | | | | | | |
| 19/comirnaty-and-pfizer-biontech-covid-19-vaccine | | | | | | | | |
| □ Moderna (Fact Sheets) https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/spikevax-and- | | | | | | | | |
| moderna-covid-19-vaccine □ Janssen (Fact Sheets) https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/janssen- | | | | | | | | |
| covid-19-vaccine | | | | | | | | |
| □ Novavax (Fact Sheets) https: | | nergency-preparedne | ess-and-res | ponse/co | ronavirus- | disease-2019-cc | vid-19/no | vavax- |
| covid-19-vaccine-adjuvanted#ad | <u>lditional</u> | | | | | | | |
| Vaccine Dose Rou | Date Administere | Vaccine ed Manufacturer | Lot Numb | | Expiration Date | Name of Va | cine Admini | istrator |
| ml | | indirector or | Lot Humin | ,,,, | Duto | rame or ra | Joine Admini | ioti utoi |
| ml □ 2 nd ↑IM - R | | | | | | | | |
| ml 🗆 3 rd 🗎 1M - L | Leg | | | | | | | |
| _{ml □ 4th ↑IM - R} | Leg | | | | | | | |