

Vaccination Consent Form

Please complete, sign, and PRINT the Vaccination Consent Form. Form must be brought with parent or guardian on date of student vaccination. Parent/Guardian must show ID and or Guardianship letter (if applicable) and the student's birth certificate.

COVID-19 VACCINE INFORMATION AND CONSENT FORM

Name: _____
 First MI Last

Address: _____
 Street City State Zip Telephone

Date of Birth: ___/___/___ **Age:** ___ **Gender** M F **Email** _____

Primary Language: English Spanish Other _____ **Ethnicity:** (circle 1) Non-Hispanic Hispanic

Race: (circle 1) Black Multiracial White Native Am Alaskan Asian/Polynesian Unknown

Primary Insurance Carrier ID# : _____ **Grp #:** _____ **Company Name:** _____

Secondary Insurance Carrier ID#: _____ **Grp #:** _____ **Company Name:** _____

Please answer YES or NO to the questions below:

	Yes	No	Unknown
1. Do you have today or have you had at any time in the last 10 days a fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, or diarrhea?			
2. Are you allergic to anything including any food, any vaccine, any known vaccine component or latex?			
3. Have you ever had a serious reaction after receiving a vaccination?			
4. Have you received any vaccinations in the past four weeks?			
5. Do you, anyone you live with or take care of have a weakened immune system?			
6. Do you have any history of seizures or neurological conditions?			
7. Do you, anyone you live with or take care of take steroids, anti-cancer drugs or x-ray treatments?			
8. Is it possible that you are or may become pregnant in the next four weeks?			
9. Have you been diagnosed with COVID within the past 3 months.			
10. If yes, have you received monoclonal antibody treatment or convalescent plasma transfusion			

I have been given a copy and have read, or have had explained to me, the information in the Vaccine Information Statements for the vaccines indicated. I have had the chance to ask questions that were answered to my satisfaction. I believe that I understand the benefits and risks of the vaccines requested and ask that the vaccines indicated be given to me or the person named for whom I am authorized to make this request. I acknowledge I have been advised to wait in the vaccination area for 15-20 minutes after being vaccinated for observation. I will call 911 or go to the nearest hospital if I experience a severe reaction. _____ (Initial)

For insurance and Medicare Beneficiaries with Part B: I authorize the release of any medical or other information necessary to process this claim. I authorize payment of medical benefits to the undersigned physician or supplier for services described.

Date ___/___/___ Print Name _____ Patient/Guardian Signature _____

OFFICE USE ONLY		Record of Immunization					OFFICE USE ONLY	
Vaccine	Manufacturer	Lot #	Exp	Dsg	Route	Site	Vis	Nurse
Covid-19	Moderna			0.5 ml	IM	R L		
	Pfizer			0.3 ml		Deltoid		
Covid-19	Moderna			0.5 ml	IM	R L		
	Pfizer			0.3 ml		Deltoid		

Date of Vaccination: ___/___/___

Dose #2 Due Date ___/___/___

Effective: 3/8/21 Vaccinator _____ Time: _____

DOH Vaccination Consent Form

Please help VIDOH to know more about who we are reaching with our Community Vaccination Centers (CVCs) so that we can keep our community safe.

1) What is your job title? (for example: registered nurse, janitor, cashier, auto mechanic, etc.)

Answer: _____

NOTE: If you have more than one job, "What is your main job?" please record that answer.

NOTE: If you do not have paid employment, please circle one of the following:

- Retired
- Unemployed
- Homemaker/Caregiver
- Volunteer
- Student
- Parent
- Disabled
- Does not Work

2) What kind of business or industry do you work in? (for example: hospital, elementary school, clothing manufacturing, restaurant, government, etc.)

Answer: _____

NOTE: If you work in "healthcare", please answer with what type of setting. For example: hospital, nursing home, doctor's office, clinic, etc.