Consent Form for COVID-19 Vaccine

The following information is required for reporting purposes. It will be kept confidential.

Which dose are you here for? (Select one):	**1st Dose**	**2nd Dose**	**3rd Dose (immunocomp.)**	**Booster**
	☐ Janssen (ages 18+)	☐ Pfizer (ages 5+)	☐ Pfizer (ages 12+)	☐ Pfizer (ages 18+)
	☐ Pfizer (ages 5+)	☐ Moderna (ages 18+)	☐ Moderna (ages 18+)	☐ Moderna (ages 18+)
				☐ Janssen (ages 18+)
Patient Name (Print legibly):	**Last Name:**		**First Name:**	
Cell Phone Number (Area Code and Number):				
Date of Birth (month/day/year):				
Address (City, State, Zip Code):	Address: _____ City: _____ State: _____ Zip Code: _____			
Gender (circle one):	Male Female Other: _____			
Race (circle one):	Asian Native Hawaiian Other Pacific Islander Black or African American American Indian or Alaska Native White More Than One Race Other:_____			
Ethnicity (circle one):	Hispanic or Latino Not Hispanic or Latino Other:_____			
Language Preference (circle one):	English Spanish American Sign Language Other: _____			
Housing (check all that apply)**:**	During the last 1 year: ☐ I have been homeless. ☐ I have lived in housing owned or run by the Housing Authority. ☐ None of the above.			
Agriculture Work (check all that apply):	In the past 2 years, I or my financially dependent family members have been: ☐ a migrant worker in agriculture (temporarily moved to/from another town to find work in agriculture, like in vineyards or fruit picking)? ☐ a seasonal worker in agriculture (have worked locally during certain seasons in agriculture, like in vineyards or fruit picking)? ☐ None of the above.			
Mother's first name (unique identifier):				

Acknowledgement of Receipt of Information and Understanding of Risk

I UNDERSTAND that I am at risk of acquiring COVID-19 infection. I understand that there are FDA approved and emergency use authorized vaccines available to protect against COVID-19. I have been provided information on the risks and benefits of the Pfizer COVID-19 vaccine (ages 5 and up), Moderna (ages 18 and up) or Janssen (ages 18 and up) and I have been given the opportunity to be vaccinated for COVID-19 at no charge to me. I accept the vaccine.

Signature: _____ **Date**: _____

OLE HEALTH

Consent Form for COVID-19 Vaccine

Please answer the following questions. If a question is not clear, please ask a healthcare provider to explain it.

	Yes	No
1. Are you feeling sick today?		
2. Have you ever received a dose of COVID-19 vaccine? If yes, circle one and write the dates: Pfizer Moderna Janssen Other: _____ Date(s): _____		
3. Have you ever had a severe ([e.g., anaphylaxis] that required treatment with epinephrine or that caused you to go to the hospital) allergic reaction to **(Circle if applicable)**: Polyethylene glycol (PEG) Polysorbate COVID-19 vaccine Any vaccine Injectable medication Food Medication Other: _____		
4. Check if any apply to you: ☐ Have a history of myocarditis or pericarditis ☐ Had COVID-19 that was treated with monoclonal antibodies or convalescent serum ☐ Diagnosed with Multisystem Inflammatory Syndrome (MIS-C or MIS-A) after a COVID-19 infection ☐ Am currently pregnant ☐ Have received dermal fillers ☐ History of Guillain-Barré Syndrome		

If responses to questions 1 or 3 are "Yes", if question 4 has any check marks, AND/OR patient is requesting 3rd dose or booster, then this form must be reviewed by a licensed clinician BEFORE vaccine administration.

Thank you!

FOR PROVIDER USE ONLY

(Circle all that apply): Cleared for vaccine Requires 30-minute observation period

Provider (print full name legibly with credentials): _____ Signature: _____

FOR VACCINE ADMINISTRATOR USE ONLY

Site (circle one): Right Deltoid Left Deltoid

Administered by (print full name *legibly*): _____ Signature: _____

Credentials (circle one): MA RN PharmD MD DO PA NP CNM Other: _____

Dose # (circle one): 1st dose 2nd dose 3rd dose (immunocomp.) Booster

Type of vaccine and volume (circle one): Moderna 0.5mL Moderna 0.25mL (booster) Janssen

Pfizer 0.3mL (ages 12+) Pfizer 0.2mL (ages 5-11)

Lot # _____ Expiration date _____