



Drivers License#/or SS# _____ Temp: _____

COVID-19 Vaccination Consent Form 2021

Last Name <i>(Please print)</i>		First Name	MI	Date of Birth	Male / Female	
Address			City		State	Zip
Phone Number		Email		Emergency Contact Today		

SCREENING FOR VACCINATION ELIGIBILITY (Moderna/Pfizer)

1. Are you pregnant?	Yes	NO
2. Are you currently breastfeeding?	Yes	No
3. Have you had a severe allergic reaction (e.g., anaphylaxis, trouble breathing) to any vaccine or injectable therapy, or a history of anaphylaxis due to any cause?	Yes	NO
4. Have you had a severe allergic reaction (e.g., anaphylaxis, trouble breathing) to any component of a COVID-19 vaccine, including lipid nanoparticles or polyethylene glycol (PEG)?	Yes	NO
5. Have you received any other vaccine within the past 14 days or are scheduled to receive any vaccine in the next 14 days?	Yes	No
6. Have you received convalescent plasma or monoclonal/polyclonal antibody infusions for COVID-19 within the past 90 days?	Yes	NO
7. Are you under age 18 (for Moderna); Are you under age 12 (for Pfizer)?	Yes	No
8. Are you currently sick? For example, are you currently experiencing fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, etc.?	Yes	No
9. Do you have a bleeding disorder or are you taking a blood thinner other than daily baby Aspirin?	Yes	No
10. Have you tested positive for COVID-19 in the last 10 days?	Yes	No
11. Are you currently in quarantine for COVID-19 exposure?	Yes	No
12. If this is your second dose, when was the date of your first dose?	/ /	
13. If this is your second dose, which vaccine did you receive (Pfizer, Moderna, etc.)?		

CONSENT FOR VACCINATION

~~I will have reviewed my answers to the questions above with the vaccinator. If I experience any adverse reactions after leaving, I will notify my primary care provider. I have viewed the Emergency Use Authorization Fact Sheet provided to me today. I understand the benefits and risks of the vaccine.~~

Signature of Parent/Guardian/Patient _____ Date _____

FOR ADMINISTRATIVE USE ONLY

VIS Date:

Vaccine	Date vaccination and EUA Given:	Route	Manufacturer	Lot No.	Printed Name and Signature of Vaccine Administrator