

Vaccinator: Complete Back of Form

For IRMC Use Only:					
Dose: 1	2	3	PA SIIS		
FIN:					

COVID-19 Immunization Screening and Consent Form

Recipient Name (Please Print)					
F Date of Birth	irst		ast		
		Ethnicity: Non-Hisp		Hispani	
		Count		·	
		Zip Code:			
		Member ID:			
		e list your Medicare number from the red/white/			
	Screeni	ing Questionnaire			
Are you feeling sick today?			Yes	No	
In the last 10 days, have you had a COVID-19 test or been told by a healthcare provider or health department to isolate or guarantine at home due to a COVID-19 infection or exposure?					Unknown
Have you been treated with antibody the last dose?	Yes	No	Unknown		
Have you ever had a life-threatening all vaccine or shot?	Yes	No	Unknown		
Have you had any vaccines in the past 1	Yes	No	Unknown		
Are you pregnant or considering become	Yes	No	Unknown		
Do you have cancer, leukemia, HIV/AID that weakens the immune system?	Yes	No	Unknown		
Do you take any medications that affect steroids, anticancer drugs or have you lead to the steroids.	Yes	No	Unknown		
The FDA-approved COVID-19 vaccine ma	de by Pfizer for Biol	NTech is a vaccine to prevent Coronavirus D of COVID-19 in individuals 16 years of age a			ID-19) caused by
	•	nt COVID-19 in individuals 12 through 15 ye ined to have certain kinds of immunocomp		•	third dose to
Consent:					
if this vaccine requires two doses, the tw	o doses will need to	e, the information sheet regarding the COV be administered (given) in order for it to be tisfaction. I understand the benefits and ris	e effect	ive. I have	been given the
I request that the COVID-19 vaccination I information needed for public health pur		derstand there will be no cost to me for this orting to applicable vaccine registries.	s vaccin	e. I author	ize release of all
The parent or guardian of children age 1	7 and younger must	sign this consent form prior to the child red	ceiving t	the vaccine	2.
Recipient Signature:		Parent/Guardian Signature:			
Printed Name:	Pri	nted Parent/Guardian Printed Name:			