IRMC

COVID-19 Immunization Screening and Consent Form

Recipient Name (*Please Print***)** _____
First **Middle** **Last**

Date of Birth _____ **Social Security**: _____

Legal Gender: Male Female **Race:** _____ **Ethnicity**: Non-Hispanic Hispanic Declined

Address: _____ **County**: _____

City:_____ **State**:_____ **Zip Code**: _____

Primary Phone Number: _____ **Employer**: _____

Insurance Company/Plan_____ **Member ID**: _____

If a Medicare Advantage Plan, please list your Medicare number from the red/white/blue card.

Screening 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 quarantine at home due to a COVID-19 infection or exposure?	Yes	No	Unknown
Have you been treated with antibody therapy for COVID-19 in the past 90 days? If yes, when was the last dose?	Yes	No	Unknown
Have you ever had a life-threatening allergic reaction, such as hives or difficulty breathing to any vaccine or shot?	Yes	No	Unknown
Have you had any vaccines in the past 14 days (2 weeks) including a flu shot?	Yes	No	Unknown
Are you pregnant or considering becoming pregnant?	Yes	No	Unknown
Do you have cancer, leukemia, HIV/AIDS, a history of autoimmune disease or any other condition that weakens the immune system?	Yes	No	Unknown
Do you take any medications that affect your immune system such as cortisone, prednisone or other steroids, anticancer drugs or have you had any recent radiation treatments?	Yes	No	Unknown

Emergency Use Authorization: The FDA has made the COVID-19 vaccine available under an emergency use authorization (EUA). The EUA is used when circumstances exist to justify the emergency use of drugs and biological products during an emergency such as the COVID-19 pandemic. This vaccine has not completed the same type of review as an FDA-approved or cleared product. However, the FDA's decision to make the vaccine available under an EUA is based on the existence of a public health emergency and the totality of scientific evidence available, showing that known and potential benefits of the vaccine outweigh the known and potential risks.

Consent:

I have been provided and have read, or been explained to me, the information sheet regarding the COVID-19 vaccination. I understand that if this vaccine requires two doses, the two doses will need to be administered (given) in order for it to be effective. I have been given the opportunity to ask questions which were answered to my satisfaction. I understand the benefits and risks of the vaccination as described.

I request that the COVID-19 vaccination be given to me. I understand there will be no cost to me for this vaccine. I authorize release of all information needed for public health purposes including reporting to applicable vaccine registries.

The parent or guardian of children age 17 and younger must sign this consent form prior to the child receiving the vaccine.

Recipient Signature: _____ Parent/Guardian Signature:_____

Printed Name: _____ Printed Parent/Guardian Printed Name:_____

Date: _____ Time: _____

Vaccinator: Complete Back of Form

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Recipient Name (Please Print) _____
First **Middle** **Last**

Area Below to be Completed by Vaccinator				
Which vaccine is the patient receiving today?				
Vaccine Name	**Administration**		**EUA Fact Sheet Date Given**	**Lot Number / Expiration Date**
Pfizer/BioNTech	○ **First Dose**	○ **Second Dose**	**TODAY**	
Moderna	○ **First Dose**	○ **Second Dose**		
Astra-Zeneca	○ **First Dose**	○ **Second Dose**		
Janssen	○ **Single Dose**			

Administration Site	○ **IM/Left Deltoid**	○ **IM/Right Deltoid**	○ **IM/Left Thigh**	○ **IM/Right Thigh**	○ **Nasal**
Dosage		**X 0.3 ml**			
Administration Time		**_____ Hours**			
Scheduled Follow Up Date		**N/A**			

- **I have reviewed side effects with the patient/employee**
- **I confirm that the patient/employee was given an opportunity to ask questions about the vaccination, and the questions have been answered to the best of my ability.**

Vaccinator Signature: _____ Date:_____