



Complete this entire section

I appreciate that it is not possible to consider every possible complication to vaccination. I have had the opportunity to ask questions about this vaccination. I believe I understand this information, and my questions have been answered to my satisfaction. I understand the risks and benefits of the COVID-19 vaccine and request the vaccine be given to me. I release LRH, PRH, and MSR and its staff from any and all liability or for any injury, condition or damage incurred due to my receipt of the vaccine. I consent to have my vaccination entered into my personal electronic medical record, and the Minnesota Immunization Information Connection (MIIC).

Print Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent/Guardian Signature for person under 18: \_\_\_\_\_ Relationship: \_\_\_\_\_

Complete this section to consent to receive the Injectable COVID Vaccination.

Table with 2 columns: Question and Answer options. Questions include: Are you ill or have a fever today?, Have you been diagnosed with SARS-COVID 19?, In the past 14 days, have you had a high-risk exposure to SARS-COVID 19?, Are you pregnant or lactating..., Have you received any other vaccinations..., Have you had a severe allergic reaction?, Have you had a severe allergic reaction (e.g., anaphylaxis) to COVID-19 vaccine?, Do you have a weakened immune system..., Have you had Guillain-Barre syndrome?

FOR STAFF USE ONLY: [ ] Screen questions reviewed [ ] HCP authorization attached

Not vaccinated because [ ] Screening question response (describe): \_\_\_\_\_

Age 16 years and older:

[ ] Administer standard-dose COVID-19 vaccine

Injection: Route: [ ] IM Site: [ ] R/deltoid [ ] L) deltoid

Sticker or Manufacturer: Moderna

Sticker or Manufacturer: Pfizer

Lot #: \_\_\_\_\_

Lot #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

[ ] Observed post-injection for 15 minutes. COMMENTS: \_\_\_\_\_

Administered by: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE CLEARLY PRINT NAME AND CREDENTIALS

