



Champaign Urbana Public Health District
217-352-7961

201 W. Kenyon Rd. Champaign
www.c-uphd.org

Last name	
First name	
Date of Birth	
Sex	Female Male Unknown
Home Phone	
Mailing address	
City	
State	
Zip code	
Race	Asian Alaskan or American Indian Black or African American Hawaiian or Pacific Islander Unknown White
Ethnicity	Hispanic or Latino Non-Hispanic Unknown Refused to answer

- I understand the risks and benefits of this vaccine and ask that it be provided to me
- I understand that it is common to experience reactions like soreness and redness at the site of injection, fever, fatigue, muscle aches, and headaches in the 24-48 hours after vaccination. These reactions are part of the immune response to the vaccine.
- I have been given the Emergency Use Authorization Fact Sheet about the Covid-19 vaccine that I will receive today. I have had the opportunity to have my questions answered.
- I understand that Champaign-Urbana Public Health District will submit my vaccination information to the state immunization registry.
- I understand that this is a two-dose vaccine. I affirm that I will return for the second dose of the Covid-19 vaccine at the appropriate time.
- I understand it is recommended that I remain on site for 15 minutes after receiving this vaccine.

Signature _____

Today's Date _____