

COVID-19 Screening and Consent Form

Please print

Section 1: Vaccine Recipient Information

Today's date: _____

Name: _____

Address: _____
Street City State ZIP

Date of birth: _____ Phone number: _____

Race

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Other race |
| <input type="checkbox"/> Other Pacific Islander | |

Ethnicity

- | | |
|---|---|
| <input type="checkbox"/> Not Hispanic or Latino | <input type="checkbox"/> Hispanic or Latino |
|---|---|

Primary Language

- | | |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Spanish |
|----------------------------------|----------------------------------|

Administered at _____

Section 2: Screening Questionnaire

Are you feeling sick today?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you been treated with antibody therapy for COVID-19 in the past 90 days?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you had a serious or life-threatening allergic reaction, such as hives, or difficulty breathing to <i>any</i> vaccine or shot?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you pregnant, considering becoming pregnant, or breast feeding?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have cancer, leukemia, HIV/AIDS, history of autoimmune disease or any other conditions that weaken the immune system?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you take any medications that affect your immune system such as steroids, anticancer drugs or have you had any radiation treatments?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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 licensed vaccine. 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 received, read, or had explained to me, and understand the COVID-19 vaccine information sheet provided. I hereby authorize _____ to administer the vaccine I have requested. The scope of this consent includes administration of the vaccine, discussion with a provider if requested, care and treatments immediately after administration as needed.

Signature

Date

Section 3: To be completed by vaccinator

Administrator

Vaccine Name & Lot #	Administration	Administration Site
	<input type="checkbox"/> First dose <input type="checkbox"/> Second dose <input type="checkbox"/> Third dose <input type="checkbox"/> Booster	<input type="checkbox"/> Left deltoid <input type="checkbox"/> Right deltoid