COVID-19 Vaccine Informed Consent Form (all fields required)

First Name:__________________________ Last Name: _________________________________M.I:______ Gender: M ☐ F ☐

DOB:_________________ Age:________ Mother's Maiden Name: ____

Phone:____ Email:____

Street Address:___________________________City:_________________________State: ________ Zip code: __________

Hispanic/Latino?: Y ☐ N ☐ **Race:** White ☐ Asian ☐ Black ☐ Pacific Islander☐ Native American ☐ Other ☐

1. Are you feeling sick today? .... Y ☐ N ☐

2. Have you ever received a dose of COVID-19 vaccine?.. Y ☐ N ☐

- If yes, which vaccine product did you receive?
  ☐ Pfizer ☐ Moderna ☐ Janssen (Johnson & Johnson) ☐ Another product _________________
- Have you received a complete COVID-19 vaccine series
  (i.e., 1 dose Janssen [J&J] or 2 doses mRNA [Pfizer-Biontech, Moderna])?.. Y ☐ N ☐

3. Do you have a health condition or are you undergoing treatment that makes you moderately or severely immunocompromised? .... Y ☐ N ☐

4. Have you received hematopoietic cell transplant (HCT) or CAR-T-cell therapies since receiving COVID-19 vaccine? .....Y ☐ N ☐

5. *Have you had an allergic reaction to:

- A component of the COVID-19 vaccine, including:
  - polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures .... Y ☐ N ☐
  - Polysorbate, which is found in some vaccines, film coated tablets, and intravenous steroids .... Y ☐ N ☐
- A previous dose of COVID-19 vaccine .... Y ☐ N ☐

6. *Have you ever had an allergic reaction to another vaccine *(other than COVID-19 vaccine)* or an injectable medication? .... Y ☐ N ☐

7. Check all that apply to you:

☐ Am a female between ages 18 and 49 years old
☐ Am a male between the ages 12 and 29 years old
☐ Have a history of myocarditis or pericarditis
☐ Had a severe allergic reaction to something other than a vaccine or injectable therapy such as food, pet, venom, environmental or oral medication allergies
☐ Had COVID-19 and was treated with monoclonal antibodies or convalescent serum
☐ Diagnosed with Multisystem Inflammatory Syndrome (MIS-C or MIS-A) after a COVID-19 infection
☐ Have a bleeding disorder
☐ Take a blood thinner
☐ Have a weakened immune system (i.e., HIV infection, cancer) or take immunosuppressive drugs or therapies
☐ Have a history of heparin-induced thrombocytopenia (HIT)
☐ Am currently pregnant or breastfeeding
☐ Have received dermal fillers
☐ Have a history of Guillain-Barré Syndrome (GBS)
☐ None of the above

*For questions 5 and 6: allergic reaction would include a severe allergic reaction [e.g., anaphylaxis] that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that caused hives, swelling, or respiratory distress, including wheezing.

Consent for Treatment and Privacy Notice

I certify that the information I have provided is true and accurate. I have had a chance to review the Covid-19 vaccine Information (EUA Fact Sheet) and consent to receive the vaccine. I have had a chance to ask questions, which were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine. I understand and agree that information related to my vaccine administration may be recorded in the Utah Statewide Immunization Information System (USIIS). I hereby release Southwest Utah Public Health Department (SWUPHD), and its employees, from all claims arising from such immunizations. We are required to inform you of our privacy practices for the information we collect and keep about you. I have been given a copy of the Health Department's Notice of Privacy Practices and have had an opportunity to ask questions about how my information may be used.

Signature:_________________________________ Print Name: ____________________________________ Date: ____________

Relationship to Client: Self ☐ Parent ☐ Legal Guardian ☐ Other ☐ ________________________________

Local Health Department Use

Date	Mfr	Lot #	Exp.	Dose in mL	Rte	Site	Vaccinator
				0.2 0.25 0.3 0.5	IM	LD RD LVL RVL	