

COVID-19 VACCINE INFORMATION AND CONSENT FORM

	INFORMATIONA	IND CONSENT	TORM					
Name:	Date of Birth	Gender	: M F					
Address: Street								
Street Telephone: ()	City State	Zip —						
•	Email							
Please answer the health questions below:					No	Don't Know		
1. Are you sick today or currently in an isolation p	eriod for COVID-19?							
2. Have you ever received a dose of COVID-19 va If yes, circle which one? Pfizer		n (J&J)	other					
3. Have you ever had an allergic reaction (needing wheezing) to:	epinephrine or caused h	ives, swelling or						
-Polyethylene glycol (PEG) in medicines	such as laxatives or color	noscopy preps						
-Polysorbate, which is found in some vacc	cines, film coated tablets,	and IV steroids						
-A previous dose of COVID-19 vaccine								
-A vaccine or injectable therapy that conta COVID-19 vaccine component, but is not known with the contact of th			s a					
4. Have you ever had an allergic reaction to anothe injectable medicine?	er vaccine (other than a C	COVID-19 vaccir	ne) or an					
5. Have you ever had a history of myocarditis?								
6. Have you ever had a severe allergic reaction aftor venom, environmental, or oral medication?	er to something other tha	n a vaccine like t	food, pet,					
7. Have you ever had COVID-19 and received pas convalescent serum)?	sive antibody therapy (m	onoclonal antibo	odies or					
8. Have you been diagnosed with Multisystem Infl COVID-19 infection?	ammatory Syndrome (M	IS-C or MIS-A)	after a					
9. Do you have a weakened immune system cause do you take immunosuppressive drugs or therapies		HIV infection or	cancer, or					
10. Are you currently receiving anticoagulation the	erapy or do you have any	type of bleeding	g disorder?					
11. Are you currently breastfeeding or pregnant?								
12. Do you have dermal fillers?								
13. Do you have a history of Guillain-Barre Syndr	ome (GBS)?							
I have been given a copy and have read, or have had explained to chance to ask questions that were answered to my satisfaction. I indicated be given to me or the		nefits and risks of the	vaccines reques					
It is suggested that anyone getting a vaccine stay for 15 minutes after getting vaccinated before leaving. Those with previous anaphylactic reactions should stay for 30 minutes.								
		X						
Date I	Print Name		Patien t/	Guard	ian Sig	nature		