



COVID-19 Vaccine
INFORMATION AND CONSENT FORM

NAME (Last), (First), (Middle), Date of Birth, Age, ADDRESS, EMAIL, CITY, STATE, ZIP, DAYTIME PHONE NUMBER, EMERGENCY CONTACT: Name, Relation, Phone Number, Race: (check only 1), Ethnicity: (check only 1), Primary Language, Gender.

Please answer the health questions below for the person receiving vaccine: 1. Are you feeling sick today OR are you currently in an isolation or quarantine period for COVID-19? 2. Have you ever received a dose of COVID-19 vaccine? 3. Have you ever had a severe allergic reaction that required treatment with Epinephrine or EpiPen... 4. Check all that apply to you: 5. Check all that apply to you:

I have been given a copy and have read the Emergency Use Authorization (EUA) and reviewed the FDA Fact Sheet for Recipients and Caregivers for the COVID-19 vaccine product I will be administered (choose one of the following): Pfizer (age 5 through 11); Pfizer (age 12 & over); Moderna (age 18 and over); Janssen (age 18 and over)

Date, Print Name, Patient or Parent/Guardian Signature

FOR ADMINISTRATIVE USE ONLY
Vaccine recipient/caregiver was provided the following EUA/FDA Fact Sheet:
Pfizer (age 12 and over) https://www.fda.gov/media/153716/download
Pfizer (age 5 through 11) https://www.fda.gov/media/153717/download
Moderna https://www.fda.gov/media/144638/download
Janssen https://www.fda.gov/media/146305/download

Table with columns: Vaccine COVID-19, Vaccine Manufacturer, Lot Number, Expiration Date, Dose, Route - IM, Signature of Vaccine Administrator, Date Administered. Rows include Dose (1st, 2nd, 3rd, Booster) and Manufacturer (MODERNA, PFIZER 12+, JANSSEN, PFIZER 5-11).