

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Female  Male

Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Medical Provider: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please answer the questions below. If you answer 'yes' to any questions, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked.**

1. Are you feeling sick today?  Yes  No  Don't Know
2. Have you received a COVID-19 vaccine previously?  Yes  No  Don't Know
  - If yes: Date 1<sup>st</sup> Dose: \_\_\_\_\_ Date 2<sup>nd</sup> Dose: \_\_\_\_\_
  - If yes: Which vaccine?  Pfizer  Moderna  Johnson and Johnson  Other
3. Have you ever had a severe allergic reaction (anaphylaxis) to something that required treatment with epinephrine or EpiPen or required hospitalization?  Yes  No  Don't Know
  - Was this severe allergic reaction after receiving a COVID-19 vaccine?  Yes  No  Don't Know
  - Was this severe allergic reaction after receiving another vaccine or injectable medication?  Yes  No  Don't Know
4. Check all that apply to you:
  - Am a male between ages 12 and 29 years old
  - Have a history of myocarditis or pericarditis
  - Had a severe allergic reaction to something other than a vaccine 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 weakened immune system (i.e. HIV infection, cancer)
  - Take immunosuppressive drugs or therapies
  - Have a bleeding disorder
  - Take a blood thinner
  - Have a history of heparin-induced thrombocytopenia (HIT)
  - Am currently pregnant or breastfeeding
  - Have received dermal fillers

**By signing the consent, I acknowledge that I understand the following:**

- The FDA has authorized the emergency use of COVID-19 vaccines that may prevent COVID-19. This vaccine is not FDA-approved. There is no FDA-approved vaccine to prevent COVID-19. The FDA has authorized the emergency use of this vaccine for individuals age 12 and older (Pfizer)
- These vaccines are given in a 2-dose series, 21 days apart, and I must receive both doses in order to achieve the best immunity.

**Vaccination Release**

I have read or have had explained to me the information on the vaccine Emergency Use Authorization (EUA) Fact Sheet for Recipients and Caregivers. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of COVID-19 vaccine and consent to the vaccine be given to me or to the person for whom I am authorized to make this request.

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OR

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(if patient under age 18)*

\*\*\*\*\*For Office Use Only\*\*\*\*\*

Date:	Manufacturer	Lot #	Exp Date	EUA Fact Sheet	Dose	Site	Adm By	IRIS date/initial
	Pfizer			6/25/2021	0.3 ml	R L Deltoid		