

## PROVIDER COVID-19 IMMUNIZATION CONSENT FORM

**For COVID-19 Provider use only** Clinic Name/Code: \_\_\_\_\_  
 Location type:(clinic, health department, pharmacy, etc.,) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date of Service: \_\_\_\_\_  
**Refer to product-specific Emergency Use Authorization (EUA) fact sheet for COVID-19 providers**

**Person Receiving Vaccine:**

**(Legal) First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Date of Birth:**   /   /

**1. MEDICAL HISTORY: Complete the following questions for the individual receiving the vaccine. If you answer “YES” you may not be able to receive the COVID-19 vaccine.**

<i>*If YES refer to Pfizer website at <a href="http://www.PfizerMedInfo.com">www.PfizerMedInfo.com</a> For Moderna COVID-19 vaccine refer to <a href="http://www.modernatx.com">www.modernatx.com</a> For Janssen COVID-19 vaccine refer to <a href="http://www.janssencovid19vaccine.com">www.janssencovid19vaccine.com</a></i>	<b>*YES</b>	<b>NO</b>
Have you had a previous COVID-19 vaccine? If yes, date?		
Have you had any vaccines within the previous 14 days? Pfizer-BioNTech, Moderna, or Janssen COVID-19 vaccine should be administered alone with minimal interval of 14 days before or after any other vaccine.		
Do you have a fever today? Are you sick today? Do you have COVID-19 infection and are currently in isolation? Are you currently in quarantine for known exposure to COVID-19?		
Have you ever had severe allergic reaction (anaphylactic reaction) to any vaccine, vaccine component (including polyethylene glycol [PEG], or immediate allergic reaction of any severity to polysorbate (due to potential cross-reactive hypersensitivity with the vaccine ingredient PEG) or injectable therapy? (including Pfizer-BioNTech, Moderna, or Janssen COVID-19 vaccine) Such as difficulty breathing, swelling of your face and throat, fast heartbeat, bad rash all over your body, dizziness and weakness.		
Are you pregnant, breastfeeding or planning to become pregnant? Women in this group may receive Pfizer-BioNTech, Moderna, or Janssen COVID-19 vaccine, a discussion with your healthcare provider can help make informed decision.		
Are you immunocompromised? Do you have a condition that weakens your immune system? Are you receiving any immunosuppressive therapy? You are still eligible to receive Pfizer-BioNTech, Moderna, or Janssen COVID-19 vaccine unless you have a contraindication for some other reason. However, you will need special counselling about the vaccine.		
Have you received monoclonal antibodies or convalescent plasma as part of COVID-19 treatment? Pfizer-BioNTech, Moderna, or Janssen OVID-19 vaccine should be deferred for at least 90 days to avoid interference of treatment with vaccine-induced immune responses.		
<b>NOTE:</b> Depending on vaccine type, a second dose of COVID-19 vaccine <b>may</b> be due in 21 days or 28 days after initial vaccine. Refer to your COVID-19 vaccination record card for second dose due date. Contact your vaccination provider, PCP or your ADH Local Health Unit in 21 days or 28 days for more information. Keep your COVID-19 vaccination record card for your records for proof of initial vaccine date. Janssen COVID-19 vaccine is a ONE dose series.		

**2. RELEASE AND ASSIGNMENT.**

Please read the section on the reverse side of this form.  
 The Providers Privacy Notice is available at the clinic site or accompanies this form.  
 Then sign in the box at right.

**Please sign here**

My signature below indicates I have read, understand, and agree to section **2. Release and Assignment** of the COVID-19 Immunization Consent Form and Vaccine Recipient Emergency Use of Authorization Fact Sheet (EUA).

**Signature of Patient/Parent/Guardian:**

\_\_\_\_\_

Date \_\_\_\_\_



