



451 3rd Ave, Kingston, PA 18704 | O: 570-288-6543 | F: 570-288-7130
 1081 Oak Street, Pittston, PA 18640 | O: 570-602-PAKP | F: 570-288-7130

COVID-19 VACCINE CONSENT FORM

PATIENT INFORMATION (The Person Getting the Vaccine):

First Name: _____ Last Name: _____ Patient's Date of Birth: _____

Full Address (Street, City, State, Zip code): _____

Phone number: _____ Gender (please circle) Male Female Other

Patients Insurance: _____ Insurance Policy Number: _____

Policy holder First and Last name _____ DOB _____

RACE	ETHNICITY
<input type="radio"/> American Indian or Alaska Native	<input type="radio"/> Hispanic of Latino
<input type="radio"/> Asian	<input type="radio"/> Not Hispanic of Latino
<input type="radio"/> Black or African American	<input type="radio"/> Prefers not to answer
<input type="radio"/> Native Hawaiian or other Pacific Islander	
<input type="radio"/> Prefers not to answer	
<input type="radio"/> White	

VOLUNTARY CONSENT TO COVID-19 VACCINE: I understand that COVID-19 can have serious, life-threatening complications (<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>), and there is no way to know how COVID-19 will affect me. I further understand that a COVID-19 vaccine may help keep me from becoming seriously ill, even if I do become infected with COVID-19. I have reviewed my specific vaccine Fact Sheet or have had its contents including the benefits, the usual and most frequent risks of receiving this vaccine, and alternatives explained to me, based upon currently available information. Depending upon the COVID-19 vaccine that I receive, I may require one, two, or three injections. I have had an opportunity to ask questions which have been answered to my satisfaction. I agree to remain at the vaccination location for at least 15 minutes after vaccine is administered in the event of adverse reaction.

I understand that:

- Comirnaty (mRNA), COVID-19 Vaccine: This vaccine is approved by the U.S. Food and Drug Administration (FDA) as a 2-dose series for use in individuals 16 years of age and older. It is also authorized under Emergency Use Authorization (EUA) issued by the FDA to be administered to prevent COVID-19 in individuals 12 through 15 years and to provide a third dose to individuals 12 years of age and older who have been determined to have certain kinds of immunocompromise.
- Moderna & Janssen COVID-19 Vaccines: These vaccines are authorized for use in individuals 18 years of age and older under EUA issued by the FDA.
- Under an EUA, the FDA may allow the use of unapproved medical products, or unapproved uses of approved medical products, in an emergency to diagnose, treat, or prevent serious or life-threatening



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diseases or conditions when certain statutory criteria have been met, including that there are no adequate, approved, and available alternatives.

- Receiving this vaccine does not eliminate the need for masking, social distancing, and hand hygiene.
- I may still become ill with COVID-19 and may be able to transmit the virus to other individuals.

I understand and acknowledge record of this vaccine administration to me will be reported to the state and/or federal regulatory bodies in compliance with reporting for inventory management and use of National Stockpile vaccine supply. I agree and authorize my COVID-19 vaccine record to be shared with my primary care physician and included in my health record(s) for continuity of care purposes. I further agree and authorize my COVID-19 vaccine record to be shared for quality of care, patient safety, and other research purposes.

I acknowledge this information and consent to receiving the COVID-19 vaccine series.

Today's Date: ____/____/____ Patient Name (Print): _____

Patient / Parent / Guardian Signature; if parent / guardian, please also print name:
