

COVID 19 VACCINE - Registration and Consent Form

STUDENT First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

PARENT OR GUARDIAN Name: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ email: \_\_\_\_\_

Are you feeling sick today? Yes No

Have you ever received a dose of the COVID-19 vaccine? Yes No

Do you have history of allergic reaction or ever experienced a severe allergic reaction? Yes No

Was the severe allergic reaction after receiving a COVID-19 vaccine? Yes No

Was the severe allergic reaction after receiving another vaccine or another injectable Medication? Yes No

Have you received passive antibody therapy (monoclonal antibodies or convalescent Serum) as treatment for COVID-19? Date: \_\_\_\_\_ Yes No

Have you received another vaccine within the past 14 days? Yes No

Have you ever tested positive for COVID-19 or has a doctor ever told you that you have had COVID-19? Yes No

Do you have a weakened immune system or do you take immunosuppressive drugs or therapies? Yes No

Do you have a bleeding disorder or are you taking a blood thinner? Yes No

Are you pregnant or breastfeeding? Yes No

I have received a copy of the COVID 19 Vaccine Emergency Use Authorization (EUA) Fact Sheets for Recipients and Caregivers and have read or had it explained to me. I have had a chance to ask questions, which were answered to my satisfaction.

I understand the benefits and risks of the COVID 19 vaccine and request that the vaccine be given to me/or the person for whom I am authorized to make this request.

*I understand that the PFIZER COVID-19 Vaccine is a TWO DOSE series and the second dose will be administered approx. 21 days after the first. Initials of Parent or Guardian indicating understanding \_\_\_\_\_*

Parent or Guardian Signature: \_\_\_\_\_

\*\*\*\*\*For Nurse/Office Use Only\*\*\*\*\*

**Pfizer – COVID 19 Vaccine**

L R Deltoid IM 0.50 ml Lot number:

Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Documented in I-Care: YES NO

Initials: \_\_\_\_\_