ADIRONDACK HEALTH & WELLNESS

COVID-19 VACCINATION CONSENT FORM

PATIENT INFORMATION

Legal First Name		**Last Name**			
Date of Birth	**Gender**	**Mother's Maiden Name**			
Address	**City**	**County**	**State**	**Zip**	**Phone**
Health Insurance Company		**Email Address**			
Insurance ID # or Member #		**Employer Name**			

Please complete the questions below for yourself or the person receiving the vaccination

Are you feeling sick today?	☐ No	☐ Yes
Have you ever received a dose of the COVID-19 vaccine?	☐ No	☐ Yes
Have you ever had an allergic reaction to another vaccine or injectable medication?	☐ No	☐ Yes
Have you received any other vaccine in the last 4 weeks?	☐ No	☐ Yes
Are you currently on a high dose of steroids?	☐ No	☐ Yes
Do you have a history of Guillain-Barre Syndrome? (Illness associated with the swine flu in 1976)	☐ No	☐ Yes
If you are female, are you pregnant?	☐ No	☐ Yes
Have you taken an antiviral medication within the last 48 hours?	☐ No	☐ Yes
Do you have a bleeding disorder or are you taking a blood thinner?	☐ No	☐ Yes

PLEASE SIGN BELOW

COVID-19 Consent

I have read, or had explained to me, the Vaccination Information Statement about *COVID-19* vaccination. I have had a chance to ask questions, which were answered to my satisfaction, and I understand the benefits and risks of the vaccination as described. I request that the *COVID-19* vaccination be given to me (or the person named above for whom I am authorized to make this request). I authorize the release of any medical or other information necessary to process a Medicare or other insurance claim or for other public health purpose. I have received a copy of the Patient Bill of Rights.

X_____

Signature of Recipient (Parent or Guardian) **Date**

TO BE COMPLETED BY NURSE:

Administration Date:

Dose #1: _____

Administration Site:

Dose #1: ☐ **Left Deltoid** ☐ **Right Deltoid**

Dosage:

Dose #1: ☐ **0.5 ml**

Manufacturer: _____
Lot Number: _____
Expiration Date:

Next Immunization Due: ☐ **Next Year** ☐ **In 4 weeks**
☐ **Other**_____

Nurse Signature Dose #1: _____

****Johnson & Johnson****