

COVID-19 Vaccine Consent Form

Section 1: Information About the Client

Client's Name*

First

Last

Date of Birth* ____/____/____ (mm/dd/yyyy)

Client Age* _____ (Please enter a number from **0** to **100**)

Address*

Street Address _____ -

Address Line 2 (PO Box, Apartment #, etc.)

City _____ State _____ Zip Code _____

Primary Care Provider* _____

Client is*

- Self
- Child

Client (check one)*

- has Private Insurance
- has HUSKY/Medicaid
- has No insurance
- is Native American or Alaskan Native

Parent/Guardian's name (if under 18 years of age)

First

Last

Phone* _____

School Child Attends (if applicable) _____

Grade/Teacher _____

Screening Questionnaire

Has the client had a COVID-19 vaccine?*

- Yes
- No

If you selected yes...

Date _____

Brand/Manufacturer _____

Date _____

Brand/Manufacturer _____

Date _____

Brand/Manufacturer _____

Date _____

Brand/Manufacturer _____

Date _____

Brand/Manufacturer _____

Has the client ever had COVID-19 and been treated with antibody therapy of convalescent plasma? *

- Yes
- No

If you selected yes...

- Date of Last Dose _____

Is there anyone in the client's household who has a poor immune system?*

- Yes
- No

Has the client ever had an allergic reaction to: A component of a COVID-19 vaccine, including either of the following: Polyethylene glycol (PEG), which is found in some medications such as laxatives and preps for colonoscopy procedures, Polysorbate, which is found in some vaccines, film coated tablets, or intravenous steroids, A previous dose of COVID-19 vaccine, A vaccine or injectable therapy that contains multiple components, one of which is a COVID-19 component, but it is not known which component elicited the immediate reaction, Another vaccine (other than COVID-19 vaccine) or an injectable medication?*

- Yes
- No

Has the client ever had an allergic reaction to: A component of a COVID-19 vaccine, including either of the following: Polyethylene glycol (PEG), which is found in some medications such as laxatives and preps for colonoscopy procedures, Polysorbate, which is found in some vaccines, film coated tablets, or intravenous steroids, A previous dose of COVID-19 vaccine, A vaccine or injectable therapy that contains multiple components, one of which is a COVID-19 component, but it is not known which component elicited the immediate reaction, Another vaccine (other than COVID-19 vaccine) or an injectable medication?

- Yes
- No

Has the client ever had a severe allergic reaction (such as anaphylaxis) to something other than a vaccine or injectable medication? This would include food, pet, venom, environmental, or oral medication allergies. *

- Yes
- No

Does the client take any medications or have any medical conditions that affect the immune system?

- Yes
- No

Does the client have a history of myocarditis (inflammation of the heart muscle) or pericarditis (inflammation of the lining around the heart)?*

- Yes
- No

Please note, if you answered “yes” to any of the above questions, your appointment may be rescheduled, a third dose may be recommended as part of the primary series, or extra precautions may be taken by the provider during the appointment, such as a 30 minute wait time following vaccine administration in a client with a history of anaphylaxis.

Section 3: Consent

Acknowledgement: I have been provided an opportunity to review the COVID-19 Vaccine Fact Sheet for Recipients and Caregivers. I understand that I can review the Fact Sheet onsite or online.

Please select the link below to review the COVID-19 Vaccine “Fact Sheet for Recipients and Caregivers”:

<https://www.fda.gov/media/167209/download> (6months through 11 years)

<https://www.fda.gov/media/144638/download> (12 years and older)

CONSENT FOR VACCINATION

In providing my consent below, I agree that:

1. I have read or had explained to me the information contained in the Emergency Use Authorization Fact Sheet for Recipients and Caregivers for the COVID-19 vaccine and understand the risks and benefits of the vaccine. I have had a chance to ask questions which have been answered to my satisfaction I understand the benefits and risks of the vaccine.
2. I understand that the COVID-19 vaccine is a voluntary vaccine currently being given under the Emergency Use Authorization status and I have the legal authority to consent to have the client named above vaccinated with the COVID-19 vaccine if signing for someone other than myself.

3. If I have health insurance that covers the client named above, I give permission for my insurance company to be billed for the costs of administering the COVID-19 vaccine. The government is paying for COVID-19 vaccine itself, and I will not be billed for that portion of the cost of my immunization.
4. I understand that as required by state law, all immunizations will be reported to the Department of Public Health Connecticut Immunization Information System (CT WIZ). I can access the more information at <https://portal.ct.gov/DPH/Immunizations/ALL-ABOUT-CT-WiZ>.
5. In the event of an emergency situation, emergency medication (Epinephrine/Benadryl) may be administered to the client. In the event of an emergency situation of a minor in which a legal guardian is not present, I authorize Child and Family Agency staff or designee to obtain any necessary medical care they deem necessary including, but not limited to, obtaining paramedic assistance and transport to a local hospital for additional treatment or observation.

I GIVE CONSENT for the client named at the top of this form to get vaccinated with the COVID-19 Vaccine and have reviewed and agree to the information included in Section 3 of this form. (If this consent is not signed, dated, and returned, the client will not be vaccinated.)

Signature *

Relationship to Client (if <18 years of age)

Date of signature *

____/____/____ (mm/dd/yyyy)