



PATIENT LABEL HERE

COVID-19 VACCINATION

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- I. DESCRIPTION, PURPOSE AND EXPECTED BENEFITS OF VACCINE PROCEDURE. II. POTENTIAL RISKS AND LIMITATIONS ASSOCIATED WITH THE PROCEDURE. III. TREATMENT ALTERNATIVES. IV. PRECAUTIONS/CONTRAINDICATIONS Vaccine may not be indicated depending on your responses.

Table with 2 columns: Question (e.g., Fever or feeling ill today?) and Answer options (checkboxes for No/Yes with instructions).

- V. USE OF HEALTH INFORMATION. VI. PHONE CONTACT.

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone Number: \_\_\_\_\_

Signature section with 'X' mark, fields for Date, Time, Signature (Patient/Parent/Guardian/Authorized Representative), Printed Name, and telephone consent options.

Witness Signature section with 'X' mark, fields for Date, Time, Witness Signature, Printed Name, and interpreter options.

Signature of Physician or Designee section with 'X' mark, fields for Date, Time, Signature, and Printed Name.

For Staff Use Only:

checkbox Patient had an immediate adverse reaction to the vaccine. checkbox Patient did not have an immediate adverse reaction to the vaccine.