

COVID-19 Vaccine Consent Form

SECTION 1: Information about Person to Receive Vaccine (please print)

YZHealthcare Staff

Other

| | | | |
|---------------------------------------|---------------|------|------------------------------------|
| NAME: (Last) | (First) | (MI) | DATE OF BIRTH: |
| Address: | Phone Number: | Age: | Month Day Year Gender: I / F |
| City: | State: | Zip: | |
| ORGANIZATION YOU ARE AFFILIATED WITH: | | | |

SECTION 2: Screening for Vaccine Eligibility

If you have any **chronic medical condition**, you need to get approval from your primary care provider BEFORE coming to get the vaccine. In addition, if you have allergies to any material in the COVID-19 vaccine or have had an anaphylactic reaction in the past, you should not get the vaccine.

Have you been vaccinated with the COVID-19 vaccine?

YES

NO

If yes to above, there are multiple kinds of COVID-19 vaccines. Your answers to the following questions will help us understand which vaccine (or step) to provide.

Vaccine Brand (Pfizer, Moderna, Astra Zeneca, Johnson and Johnson): _____

Date dose #1 given: Month _____ Day _____ Year _____

Date dose #2 given (if necc): Month _____ Day _____ Year _____

SECTION 3: Consent

I have read or had explained to me the Emergency Use Authorization Fact Sheet or a Vaccine Information Statement for the COVID-19 vaccine and understand the risks and benefits. I have received the same in email or print form.

I GIVE CONSENT to a YZHealthcare Staff and its staff for the person named at the top of this form to be vaccinated with this vaccine. (If this consent form is not signed, then this person will not be vaccinated).