

## Booster Dose COVID-19 Vaccine Consent Form

### Vaccine Recipient Information

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

Address: \_\_\_\_\_  
Street City State Postal Code

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male Female

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

\*If Applicable:

Authorized Power of Attorney/Legal Guardian: \_\_\_\_\_  
Name Phone Number

### Vaccine Information

Vaccine Brand (circle): Moderna Pfizer Johnson & Johnson

Date first dose administered: Month \_\_\_\_\_ Day \_\_\_\_\_ Year

Date second dose administered: Month \_\_\_\_\_ Day \_\_\_\_\_ Year

### Consent

I have read or have had explained to me the information provided in the Emergency Use Authorization (EUA) Factsheet or Vaccine Information Statement about COVID-19 vaccine. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of COVID-19 vaccine and ask that the vaccine be administered to me or to the person named above for whom I am authorized to make this request.

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

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### Healthcare Provider Use Only

#### BOOSTER DOSE

Date Vaccine Administered: \_\_\_\_\_ Injection Site (Deltoid):  Left  Right

Manufacturer: \_\_\_\_\_ Lot Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Administered by Print: \_\_\_\_\_ Signature: \_\_\_\_\_

- Vaccine recipient confirmed their name and date of birth and it was verified with the information above.
- COVID-19 Vaccine EUA FACT SHEET for Recipients was reviewed and provided.
- COVID-19 Vaccine entered in IRIS