

2nd 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

1st Dose Information

Vaccine Brand (circle): Moderna Pfizer Johnson & Johnson

Date first 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: _____

Healthcare Provider Use Only

SECOND 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