COVID-19 Screening and Consent Form

**Please print**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1: Vaccine Recipient Information** | | | | | | | | | |
| Today’s date: | | |  | |  | | | |  |
| Name: |  | | | |  | | | |  |
| Address: | |  | | |  | | |  |  |
|  | | Street | | | City | | | State | ZIP |
| Date of birth: | | |  | | Phone number: | |  | | |
| **Race** | | | | | | | | | |
| American Indian or Alaska Native  Asian  Native Hawaiian  Other Pacific Islander | | | | | | Black or African American  White  Other Race | | | |
| **Ethnicity** | | | | | | | | | |
| Not Hispanic or Latino | | | | | | Hispanic or Latino | | | |
| **Primary Language** | | | | | | | | | |
| English | | | | | | Spanish | | | |
| Administered at: | | | |  | | | | | |

|  |  |  |
| --- | --- | --- |
| **Section 2: Screening Questionnaire** | | |
| Are you feeling sick today? | **YES** | **NO** |
| Have you been treated with antibody therapy for COVID-19 in the past 90 days? | **YES** | **NO** |
| Have you had a serious or life-threatening allergic reaction, such as hives, or difficulty breathing to *any* vaccine or shot? | **YES** | **NO** |
| Have you had any vaccines in the past 14 days? (Including flu shot) | **YES** | **NO** |
| Are you pregnant, considering becoming pregnant or breast feeding? | **YES** | **NO** |
| Do you have cancer, leukemia, HIV/AIDS, history of autoimmune disease or any other conditions that weakens the immune system? | **YES** | **NO** |
| Do you take any medications that affect your immune system such as steroids, anticancer drugs or have you had any radiation treatments? | **YES** | **NO** |

Emergency use authorization

The FDA has made the COVID-19 vaccine available under an emergency use authorization (EUA). The EUA is used when circumstances exist to justify the emergency use of drugs and biological products during an emergency, such as the COVID-19 pandemic. This vaccine has not completed the same type of review as an FDA-approved or licensed vaccine. However, the FDA’s decision to make the vaccine available under an EUA is based on the existence of a public health emergency and the totality of scientific evidence available, showing that known and potential benefits of the vaccine outweigh the known and potential risks.

Consent

I have received, read, or had explained to me, and understand the COVID-19 vaccine information sheet provided. I hereby authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to administer the vaccine I have requested as two-dose series \_\_\_\_\_ days apart. The scope of this consent includes administration of the vaccine, discussion with a provider if requested, care and treatments immediately after administration as needed.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Date |

|  |  |  |
| --- | --- | --- |
| Section 3: To be completed by vaccinator | | |
|  | |  |
| Administrator | |  |
| **Vaccine administered:** | **First dose** | **Second dose** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| **Administration site:** | **L deltoid** | **R deltoid** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |