COVID-19 VACCINE CONSENT FORM

First Name: ______________________ Last Name: ______________________

Social Security Number (SSN): ______________________ Date of Birth (mm/dd/yyyy): ______________________
Optional

Please fill out any/all contact methods. Check box for preferred contact method:

☐ Cell Phone: ______________________ May we leave a voicemail? ☐ Yes ☐ No

☐ Alt. Phone: ______________________ May we leave a voicemail? ☐ Yes ☐ No

Email Address: ______________________

Question	Yes	No
1. Are you feeling sick today?	☐ Yes	☐ No
2. Have you ever received a dose of COVID-19 vaccine? *If yes, which vaccine product?* ______________________	☐ Yes	☐ No
3. Have you ever had a SEVERE allergic reaction *(e.g. anaphylaxis to something? For example, a reaction for which you were treated with epinephrine or EpiPen, or for which you had to go to the hospital?)*	☐ Yes	☐ No
Was the severe allergic reaction after receiving a COVID-19 vaccine?	☐ Yes	☐ No
Was the severe allergic reaction after receiving another vaccine or another injectable medication?	☐ Yes	☐ No
4. Are you allergic to Neomycin?	☐ Yes	☐ No
5. Are you able to eat lightly cooked eggs (ex. scrambled) without an allergic reaction?	☐ Yes	☐ No
6. Have you ever had a reaction to latex?	☐ Yes	☐ No
7. Are you allergic to Gelatin?	☐ Yes	☐ No
8. Do you have a bleeding disorder or are you taking blood thinner?	☐ Yes	☐ No
9. Have you received passive antibody therapy as treatment for COVID-19?	☐ Yes	☐ No

I have reviewed the COVID-19 EUA fact sheet. I have had a chance to ask questions, which were answered to my satisfaction. I understand the benefits and risks of the COVID-19 vaccine and I request that the vaccine be given to me or to the person named above, for whom I am authorized to make this request.

Signature: ______________________ Date: ______________________

Signature of person to receive vaccine or Legally Empowered Representative

FOR OFFICE USE ONLY

☐ Grant Street ☐ 30Metro ☐ Omaha Home for Boys ☐ King Science Middle School
☐ Kellom Elementary ☐ Belvedere Elementary ☐ Northwest High School
☐ Other location: ______________________

MRN: ______________ Lot #: ______________ Site: ______________

Administered by: ______________________ Date: ______________

Effective: January 31, 2021