



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: _____

1. Are you feeling sick today?	Yes	No
2. Have you ever received a dose of COVID-19 vaccine? <i>If yes, how many doses? _____ If yes, which vaccine product did you receive?</i> <i>Pfizer Moderna Johnson & Johnson Another Product _____</i>	Yes	No
3. Have you ever had a SEVERE allergic reaction (e.g. anaphylaxis to something? <i>For example, a reaction for which you were treated with epinephrine or EpiPen, or for which you had to go to the hospital?)</i> Was the severe allergic reaction after receiving a COVID-19 vaccine? 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	30 Metro	Medical Mobile Unit	Omaha Home for Boys
SBHC: Belvedere	SBHC: Kellom	SBHC: King Science	SBHC: Northwest
Teen & Young Adult	Outreach: _____		

MRN: _____ Lot #: _____ Site: _____

Administered by: _____ Date: ____/____/____