

COVID-19 Vaccine Consent Form for Child Under 18 or Adult Conservatee

Please print information about the patient to receive vaccine

PATIENT'S NAME (Last)	(First)	(M.I.)	SUFFIX (eg. Jr, III)
DATE OF BIRTH (MM/DD/YYYY)	AGE†	PHONE <input type="checkbox"/> Cell ()	<input type="checkbox"/> Home
CITY	STATE		
RACE <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other			

Guardian relationship to client: Father Mother Legal Guardian Other

I understand that the COVID-19 vaccine is a voluntary vaccine currently being given under the Emergency Use Authorization status and only a parent or legal guardian has the authority to consent to a minor or adult conservatee receiving this vaccine. By signing this form, I certify that I have the legal authority to do so on behalf of the patient identified above and will indemnify Oklahoma City-County Health Department against challenges to this consent or my status as legally able to provide consent for this vaccine. **Guardian's State or Federally issued ID #**

Screening for Vaccine Eligibility	YES	NO
Has the patient ever received a dose of the COVID-19 Pfizer-BioNTech vaccine?		
Has the patient ever had an allergic reaction to: <ul style="list-style-type: none"> <input type="checkbox"/> a component of a COVID-19 vaccine, including either of the following: <ul style="list-style-type: none"> -polyethylene glycol (PEG), which is found in some medications, such as laxatives and preps for colonoscopy procedures -polysorbate, which is found in some vaccines, film coated tablets, and intravenous steroids <input type="checkbox"/> a previous dose of COVID-19 vaccine <input type="checkbox"/> a vaccine or injectable therapy that contains multiple components, one of which is a COVID-19 component, but it is not known which component elicited the immediate reaction <input type="checkbox"/> another vaccine (other than COVID-19 vaccine) or an injectable medication? 		
Has the patient ever had a severe allergic reaction (e.g., anaphylaxis) to something other than a vaccine or injectable medication? This would include food, pet, venom, environmental, or oral medication allergies.		
Does the patient have a history of myocarditis or pericarditis?		
Has the patient ever had COVID-19 and been treated with monoclonal antibodies or convalescent plasma?		

Signature of Parent/Guardian _____ Date: _____

Please print Parent/Guardian name _____

OFFICE USE ONLY – DO NOT WRITE BELOW

Ask before administration:

Is the client suffering from a moderate or severe acute illness with or without fever? Y N Is the client pregnant? Y N

Client completed the manufacturer's screening questions: Y N

Vaccine Manufacturer:

Lot #:

Exp. Date:

Site:

LT DELTOID IM

RT DELTOID IM

LT VAST LAT IM

RT VAST LAT IM

Dose Number: 1st 2nd

EUA*/VIS given? Y N

Reaction? Y N

Provider Signature:

Client Name (Last, First, MI) _____ Client DOB (MM/DD/YYYY) _____