COVID-19 Vaccine Consent Form

Information about the person to receive vaccine (**Please Print Clearly**):

Last Name	First Name

Street	City	State	Zip

Community of Residence	County of Residence	Phone Number

SSN	Date of Birth	Birth Sex

Tribal Affiliation	Blood Quantum

☐ MCNDH Health Employee ☐ MCN Tribal Employee ☐ MCNDH Patient

Please answer the following questions honestly (circle your answer):

1.	**Have you ever had a serious reaction to an immunization?**	**YES**	**NO**
2.	**Do you have severe allergies?**	**YES**	**NO**
3.	**Are you sick or running a fever today?**	**YES**	**NO**
4.	**Do you currently have any COVID related symptoms, in isolation, or quarantine?**	**YES**	**NO**
5.	**Are you allergic to latex?**	**YES**	**NO**
6.	**Are you pregnant and/or breastfeeding?**	**YES**	**NO**
7.	**Are you immunosuppressed or taking any medication that causes immunosuppression (steroid, chemotherapy, etc.)?**	**YES**	**NO**
8.	**Have you had any vaccinations in the last 14 days?**	**YES**	**NO**
9.	**Have you received an IV treatment for COVID-19 within the last 90 days (e.g. Bamlanivimab, Regeneron)?**	**YES**	**NO**

☐ **Yes, I would like to have the COVID-19 Vaccination given to me** and I have been given the Emergency Use Authorization fact sheet. I have had the opportunity to read, discuss the information, and to ask questions regarding COVID, the vaccine, the associated risks and benefits. I consent to the immunization being entered into the Oklahoma State Immunization Information System, my electronic health record, and/or employee health file.

Signature: X_____ Date: _____

****Do Not Write Below This Line* FOR CLINIC USE ONLY**

Vaccine Manufacturer:_____Lot #: _____ Exp. Date: _____

Site: Left Deltoid Right Deltoid Dose: ____ml – IM injection Location:_____

Signature of Nurse Administering Vaccine: _____ Date:_____

Needs NG: Yes No NG Encounter Created _____ NG Documented _____ OSIIS Completed _____ Immuware Documented ____

Pfizer: ☐ 1st Dose ☐ 2nd Dose **Moderna:** ☐ 1st Dose ☐ 2nd Dose

Origination Date: 12/14/2020 Revision Date: 00/00/0000