

consent for Moderna Covid vaccine

5/11/21

Immunization Consent Form and Patient Record

The following questions will help us determine if the COVID-19 Moderna vaccine is appropriate to be given today. If a question is not clear, please ask your health care provider to explain it.

Questions	Yes	No	I don't know
1. Are you sick today?			
2. Are you allergic to polyethylene glycol, 200 dimyristol glycerol, tromethamine, acetic acid, sodium acetate trihydrate or sucrose?			
3. Do you have allergies to medications, food, or any vaccine?			
4. Are you 18 years of age or older?			
5. Have you ever had a serious reaction after receiving a vaccination?			
6. Do you have cancer, leukemia, AIDS, or any other immune system problem?			
7. Do you have a bleeding disorder or are on a blood thinner?			
8. Have you received another COVID-19 vaccine?			
9. For women: Are you pregnant or is there a chance you could become pregnant during the next month. Are you breastfeeding?			
10. Have you received any vaccination in the past 2 weeks?			

Consent for Administration of COVID-19 vaccine by Moderna.

I have read, or have had read to me, the information regarding the COVID vaccine and have been given a copy of the emergency use authorization for Moderna Covid-19 vaccine. I have had the opportunity to ask questions that were answered to my satisfaction. I understand the benefits and risks of the COVID vaccine. I consent to, or give consent for, the administration of the Moderna COVID-19 vaccine.

Name (print) _____ Date of Birth _____

Address _____

Phone _____ Signature _____

Insurance info: _____

ID: _____ Group _____

Date of vaccination: _____ Dose: 0.5ml 1st dose _____ 2nd dose _____

Site of vaccination: __deltoid__ Right arm _____ Left arm _____

Vaccine Manufacturer: Moderna Lot Number: _____ Exp Date: _____

Name of administrator and credentials: _____

Signature of administrator of vaccine: _____

Consent for J and J vaccine

Immunization Consent Form and Patient Record

The following questions will help us determine if the COVID-19 Johnson and Johnson vaccine is appropriate to be given today. If a question is not clear, please ask your health care provider to explain it.

Questions	Yes	No	I don't know
1. Are you sick today?			
2. Are you allergic to polyethylene glycol, 200 dimyristol glycerol, tromethamine, acetic acid, sodium acetate trihydrate or sucrose?			
3. Do you have allergies to medications, food, or any vaccine?			
4. Are you 18 years of age or older?			
5. Have you ever had a serious reaction after receiving a vaccination?			
6. Do you have cancer, leukemia, AIDS, or any other immune system problem?			
7. Do you have a bleeding disorder or are on a blood thinner?			
8. Have you received another COVID-19 vaccine?			
9. For women: Are you pregnant or is there a chance you could become pregnant during the next month. Are you breastfeeding?			
10. Have you received any vaccination in the past 2 weeks?			

Consent for Administration of COVID-19 vaccine by Johnson and Johnson.

I have read, or have had read to me, the information regarding the COVID vaccine and have been given a copy of the emergency use authorization for Johnson and Johnson Covid-19 vaccine. I have had the opportunity to ask questions that were answered to my satisfaction. I understand the benefits and risks of the COVID vaccine. I consent to, or give consent for, the administration of the Johnson and Johnson/Janssen COVID-19 vaccine.

Name (print) _____ Date of Birth _____

Address _____

Phone _____ Signature _____

Insurance info: _____

ID: _____ Group _____

Date of vaccination: _____ Dose: 0.5ml 1st dose _____ 2nd dose _____

Site of vaccination: __deltoid__ Right arm _____ Left arm _____

Vaccine Manufacturer: Johnson and Johnson/Janssen Lot Number: Exp Date _____ /21

Name of administrator and credentials: _____

Signature of administrator of vaccine: _____