**COVID-19 Vaccine Consent Form**

**South Peninsula Hospital**

**Section 1: Information about person to receive vaccine (please print)**

|  |  |  |  |
| --- | --- | --- | --- |
| **CHILD’S NAME** (Last) | (First) | (M.I.) | **CHILD’S NAME** (Last) |
| **PARENT/LEGAL GUARDIAN’S NAME** (Last) | (First) | | **PARENT PHONE NUMBER** |
| **CHILD’S DATE OF BIRTH**  **month\_\_\_\_\_\_\_\_\_ day\_\_\_\_\_\_\_\_ year \_\_\_\_\_\_\_\_\_\_** | | | **RACE** |

**Do you have any of the following COVID-19 risk factors? (please circle)**

* Cancer
* Chronic kidney disease
* COPD (chronic obstructive pulmonary disease)
* Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
* Immunocompromised state (weakened immune system) from solid organ transplant
* Obesity (body mass index [BMI] of 30 kg/m2 or higher but < 40 kg/m2)
* Severe Obesity (BMI ≥ 40 kg/m2)
* Pregnancy
* Sickle cell disease
* Smoking
* Type 2 diabetes mellitus

**Section 2: Screening for Vaccine Eligibility**

**The following questions will help us to know if you can get the COVID-19 vaccine (please circle)**

Is your child in a quarantine or isolation period because of active COVID-19 illness or close contact? YES or NO

Does your child have any serious allergies to any of the listed ingredients of the Covid-19 vaccine? YES or NO

Is this your child’s first or second dose of the Covid-19 vaccine? FIRST or SECOND

*If second:* What brand was their first dose: Pfizer Moderna Janssen (Johnson&Johnson)

What was the approximate date of their first dose?\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 3: Consent**

\_\_\_\_ **I have read** or had explained to me the EUA facts handout and understand the risks and benefits.

\_\_\_\_ **I give consent** to South Peninsula Hospital and its staff to be vaccinated.

Signature of Patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vaccine brand name/manufacturer:** Pfizer **Lot #:** EW0151  **Expiration date:** 7.31.21  **Dosage given:** 0.3mL

**Administered by: Date/time:** 4/23/21  **Location (IM):** R arm L arm