

COVID-19 Vaccine Consent Form
South Peninsula Hospital

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

NAME (Last)	(First)	(M.I.)	DATE OF BIRTH month _____ day _____ year _____
OCCUPATION	RACE	ETHNICITY Hispanic Y / N	
PHYSICAL ADDRESS			PHONE NUMBER

What criteria do you fall under to meet eligibility for a third dose of Covid-19 Vaccine?

- Receiving active cancer treatment for tumors or cancers of the blood
- Received an organ transplant and are taking medicine to suppress the immune system
- Received a stem cell transplant within the last 2 years or are taking medicine to suppress the immune system
- Moderate or severe primary immunodeficiency (such as DiGeorge syndrome or Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids or other drugs that suppress the immune response

Screening for Vaccine Eligibility

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

Are you in a quarantine or isolation period because of active COVID-19 illness or close contact? YES or NO

Do you have any serious allergies to any of the listed ingredients of the Covid-19 vaccine? YES or NO

Have you received monoclonal antibodies or convalescent plasma in the last 90 days? YES or NO

What brand was your first dose: Pfizer Moderna Date: _____

What brand was your second dose: Pfizer Moderna Date: _____

Consent

_____ **I understand** the eligibility requirements for receiving a third dose and attest I meet the criteria to receive a third dose. I understand attempts will be made to match the additional dose type to the mRNA primary series, however if that is not feasible, a heterologous additional dose is permitted (per CDC).

_____ **I have read** or had explained to me the EUA/VIS 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:
Administered by:

Lot #:

Expiration date:
Date/time:

Dosage given:

Location (IM): R arm L arm

Circle one: Anna Lewald, RN Annie Garay, RN
Amber Ross, RN Annali Metz

Miriah Breglia, RN
Other:

Jessica Johnson, RN Nicole Reynolds, RN