Immunization Clinic Information
COVID Consent Form

Office Use Only
K ☐, S ☐, A ☐

Thank you for attending the Weber-Morgan Health Department COVID-19 Immunization Clinic. We appreciate you getting the COVID-19 vaccine as it is important to our community. At this time, we will recommend that you wear a mask in public and follow other safety precautions even after completing the COVID-19 vaccine series.

- **Please read the vaccine information statements provided below**. They will answer questions you may have regarding the vaccine.
    - ***Moderna COVID-19 Vaccine***: https://www.modernatx.com/covid19vaccine-eua/eua-fact-sheet-recipients.pdf
    - ***COMIRNATY (Pfizer-BioNTech) COVID-19 Vaccine***: https://www.fda.gov/media/144414/download

Please fill out the following information for the person receiving the vaccine.

Legal First and Last Name:__________________________________ Date of Birth:______________ Age: ______

Mothers Maiden Name: ____________Address: ________________________ City: ________ ZIP Code: _____

Telephone #:__________________ Cell Phone #:___________________ Email: ____________________________

Gender:________________ Race:_________________ Ethnicity (circle one): Hispanic, not Hispanic, unknown

I have been given a copy and have read, or had explained to me, the information contained in the Vaccine Information Statement for the person receiving the vaccine(s). I understand the benefits and risks of the vaccine(s) and request that the vaccine(s) be given to me or the person for whom I am authorized to make this request. I agree that this information may be shared with schools, daycare centers, healthcare providers and others when medically necessary. I understand that it is my responsibility to know what my insurance plan covers and agree to pay the portion not covered by my insurance. I understand that if Weber-Morgan Health Department does not have a contract with my insurance company, or my insurance company denies payment, I am responsible for all charges incurred. I am hereby notified that the Weber-Morgan Health Department's Notice of Privacy Practices is located on their web site at www.webermorganhealth.org and I have had a chance to ask questions about how my public health information will be used.

1. Have you been ill in the last week with anything more severe than a cold? ☐ No ☐ Yes
2. Have you had a serious reaction to a previous vaccination? ☐ No ☐ Yes
3. Have you had a serious allergy to any foods or medications? ☐ No ☐ Yes
   If yes, please list: ____
4. Are you immunocompromised? ☐ No ☐ Yes
5. Have you been sick with COVID-19 in the last 90 days? ☐ No ☐ Yes
   If yes, did you receive convalescent plasma or monoclonal antibody treatment? ☐ No ☐ Yes
6. (For Females) are you pregnant or breastfeeding? ☐ No ☐ Yes
7. Which dose is this? 1st dose ☐ 2nd dose ☐ 3rd dose (immunocompromised) ☐ Booster ☐
8. Brand: Pfizer/Comirnaty ☐ Moderna ☐ Dose #1 Date:____________ Dose #2 Date:______________

Parent/Guardian/Client Signature:____

*** Space below for Office Use Only***

Vaccine Given:		Site:	Date: ________________
☐ Moderna Booster ______________________	0.25 ml	☐ L ☐ R Del/Thigh	Vaccinator's Signature:
☐ Moderna COVID ______________________	0.5 ml	☐ L ☐ R Del/Thigh	
☐ Pfizer 5-11yr ______________________	0.2 ml	☐ L ☐ R Del/Thigh	______________________
☐ Pfizer COVID ______________________	0.3 ml	☐ L ☐ R Del/Thigh	

Notes: ____

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