

ImmTrac#:



3641 Broadway Blvd #100 Garland, TX 75043 (972) 864-1110

Date: \_\_/\_\_/\_\_  
Facility:

### COVID VACCINE INTAKE CONSENT FORM

					M/F/Unknown
Name (First and Last)		Date of Birth		Gender	
Address		City	State	Zip	County
Phone Number			Email		
Social Security Number			State or driver's identification number/State of Issuance		

**Prescription Insurance:**

**Private Insurance:**

Prescription Benefit Plan Name	Cardholder ID#	Rx BIN	PCN	Group
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Are you the primary cardholder?      **Yes**      **No**

If no, name and date of birth of primary cardholder: \_\_\_\_\_

**Medicare:**

Name as it appears on Card \_\_\_\_\_

New Medicare Number \_\_\_\_\_

**No Insurance:**

**If uninsured, you must check the box below to attest that the following information is true:**

- I do not have any insurance, including but not limited to Medicare, Medicaid, or any other private or government-funded health benefit plan.

In order to have your vaccine administration fee paid for by the United States Health Resources & Services Administration's COVID-19 Program for Uninsured Patients, please provide either (a) a valid Social Security number AND (b) state identification (or driver's license) number and state of issuance.

- Patient Race (select one):**
- American Indian or Alaska Native
  - Asian
  - Native Hawaiian/Other Pacific Islander
  - Black or African American
  - White
  - Other

- Patient Ethnicity (select one):**
- Hispanic
  - Not Hispanic or Latino
  - Unknown

**Please Complete Second Page**



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Date: \_\_/\_\_/\_\_  
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**FOR PHARMACY USE ONLY**

Administration Date	COVID-19 Vaccine	Moderna	0.5
		Manufacturer	Volume(mL)

Lot #	IM Route	LD/RD	First Dose
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Administering Immunizer Name, Title, Signature

**SECOND DOSE ONLY**

Administration Date	COVID-19 Vaccine	Manufacturer	0.5
			Volume(mL)

Lot #	IM Route	LD/RD	Second Dose
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Administering Immunizer Name, Title, Signature

Date (Second Dose)

**Patient ImmTrac Group**

- GPT1: Pregnant or less than 35 months old
- GPT2: Household contacts of infants under 6 months old; High-risk children age 3-18 years
- GPT3: Children age 3-18 years without high-risk indications
- GPT4: High-risk adults age 19-64; Adults over age 65
- GPT5: Healthy adults age 19-64