

ADH COVID-19 IMMUNIZATION CONSENT FORM

For COVID-19 Provider use only Clinic Name/Code: _____
 Location type:(clinic, health department, pharmacy, etc.,) _____
 Address: _____ City: _____ County: _____
 State: _____ Zip Code: _____ Date of Service: _____

Person Receiving Vaccine:

(Legal) First Name: _____ **MI:** _____ **Last Name:** _____

Date of Birth:

1. MEDICAL HISTORY: Complete the following questions for the individual receiving the vaccine. If you answer “YES” you may not be able to receive the COVID-19 vaccine.

<i>*If YES and further guidance is needed, notify the Arkansas Department of Health, Immunization Section @ 501-537-8969</i>	*YES	NO
Have you had a previous COVID-19 vaccine? If yes, date?		
Have you had any vaccines within the previous 14 days? Pfizer-BioNTech or Moderna COVID-19 vaccine should be administered alone with minimal interval of 14 days before or after any other vaccine.		
Do you have a fever today? Are you sick today? Do you have COVID-19 infection and are currently in isolation? Are you currently in quarantine for known exposure to COVID-19?		
Have you ever had severe allergic reaction (anaphylactic reaction) to any vaccine, vaccine component or injectable therapy? (including Pfizer-BioNTech or Moderna COVID-19 vaccine) Such as difficulty breathing, swelling of your face and throat, fast heartbeat, bad rash all over your body, dizziness and weakness.		
Are you pregnant, breastfeeding or planning to become pregnant? Women in this group may receive Pfizer-BioNTech or Moderna COVID-19 vaccine, a discussion with your healthcare provider can help make informed decision.		
Are you immunocompromised or have HIV, cancer, chronic kidney, lung, heart disease, sickle cell, severe obesity, do you smoke or have diabetes mellitus? Are you receiving any immunosuppressive therapy? These individuals may still receive Pfizer-BioNTech or Moderna COVID-19 vaccine unless otherwise contraindicated.		
Have you received monoclonal antibodies or convalescent plasma as part of COVID-19 treatment? Pfizer-BioNTech or Moderna COVID-19 vaccine should be deferred for at least 90 days to avoid interference of treatment with vaccine-induced immune responses.		

NOTE: Depending on vaccine type, a second dose of COVID-19 vaccine **may** be due in 21 days or 28 days after initial vaccine. Refer to your COVID-19 vaccination record card for second dose due date. Contact your PCP or your ADH Local Health Unit in 21 days or 28 days for more information. Keep your COVID-19 vaccination record card for your records for proof of initial vaccine date.

2. RELEASE AND ASSIGNMENT.

Please read the section on the reverse side of this form.
 The Providers Privacy Notice is available at the clinic site or accompanies this form.
 Then sign in the box at right.

Please sign here

My signature below indicates I have read, understand and agree to section **2. Release and Assignment** of the COVID-19 Immunization Consent Form and Vaccine Recipient Emergency Use of Authorization Fact Sheet (EUA).

Signature of Patient/Parent/Guardian:

Date _____

