

FACILITY NAME _____

COVID-19 Vaccine Consent Form



Section 1: Information about Person to Receive Vaccine (please print)

| | | | | | | |
|---|--|---------|-----------------|------------------------------------|---|------|
| RESIDENT/STAFF NAME (Last) | | (First) | (M.I.) | RESIDENT/STAFF DATE OF BIRTH | | |
| | | | | month | day | year |
| AUTHORIZED POWER OF ATTORNEY (POA) / LEGAL GUARDIAN NAME (if Applicable) (Last) | | (First) | (M.I.) | RESIDENT/STAFF AGE | RESIDENT/STAFF GENDER | |
| | | | | | <input type="checkbox"/> M / <input type="checkbox"/> F | |
| CITY | | STATE | ZIP | AUTHORIZED POA/STAFF PHONE NUMBER: | | |
| | | | | | | |
| PRIMARY INSURANCE | | | BIN# or Rx BIN# | | | |
| | | | | | | |
| GROUP # | | ID# | PCN | | | |
| | | | | | | |

Section 2: Screening for Vaccine Eligibility

1. Has this person been vaccinated with the COVID-19 vaccine? YES NO

| |
|---|
| If yes to above, there are multiple kinds of COVID-19 vaccine. Your answers to the following questions will help us understand which vaccine (or step) to provide. |
| Vaccine Brand (Pfizer, Moderna, Astra Zeneca, Johnson and Johnson): _____ |
| Date dose #1 given: Month _____ Day _____ Year _____ |
| Date dose #2 (if necc) given: Month _____ Day _____ Year _____ |

Section 3: Consent

I understand I will be provided an Emergency Use Authorization Fact Sheet or a Vaccine Information Statement prior to the date of the vaccination and have the ability to revoke consent at any time

I GIVE CONSENT to Thrifty White Pharmacy and its staff for my person named at the top of this form to be vaccinated with this vaccine. (If this consent form is not signed, then this person will not be vaccinated)

I DO NOT GIVE CONSENT to Thrifty White Pharmacy and its staff for this person named at the top of this form to be vaccinated with this vaccine.

Resident/Staff signature OR Signature/Printed Name of Health POA OR Name of Health POA/verbally acknowledged by licensed staff (sign & print name & credentials)

Date: Month _____ Day _____ Year _____