



PREVENT. PROMOTE. PROTECT.

Pottawattamie County Public Health

600 S 4th St, Council Bluffs, IA 51503 - Phone 712.242.1155 - Fax 712.242.1162

COVID-19 IMMUNIZATION CONSENT FORM

SECTION 1: VACCINE RECIPIENT INFORMATION (PLEASE PRINT LEGIBLY)

SUBJECT RECEIVING IMMUNIZATION:

LEGAL Name (LAST, FIRST, MI)	Date of Birth (MM/DD/YYYY)	Age	Gender M F
ADDRESS	CITY	STATE	ZIP CODE
PHONE	EMAIL ADDRESS		

SECTION 2: SCREENING FOR VACCINE ELIGIBILITY (Select YES or NO)

- | | | |
|--|-----|----|
| 1. Had a serious reaction to a previous dose of any vaccine? | Yes | No |
| 2. Have a bleeding disorder or currently taking blood thinners?..... | Yes | No |
| 3. Had any vaccination in the last 30 days?..... | Yes | No |
| 4. Have any neurological, immunocompromised, Guillain-Barre? | Yes | No |
| 5. Pregnant or planning to be in the next 4weeks, Breastfeeding?..... | Yes | No |
| 6. Have an allergy to Latex, Eggs, Aluminum, Yeast, Thimerosal or Neomycin?..... | Yes | No |
| 7. Has the person listed above previously received COVID-19 Vaccine?..... | Yes | No |
- Vaccine Brand Administered: Pfizer Moderna Astra Zeneca Johnson & Johnson

SECTION 3: CONSENT

I have read or have had explained to me the information provided in the Emergency Use Authorization (EUA) Factsheet or Vaccine Information Statement about COVID-19 vaccine. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of COVID-19 vaccine and ask that the vaccine be administered to me or to the person named above for whom I am authorized to make this request.

I understand the risks/benefits and request that the vaccine be given to me or the person named for whom I am authorized to make this request.

Individual or Parent/Guardian Signature _____ Date: _____

FOR ADMINISTRATIVE USE ONLY:

VACCINE MANUFACTURER: ___ Moderna/ Pfizer/ Astra Zeneca/ Johnson & Johnson _____

LOT #: _____ EXP: _____ DOSE: FIRST or SECOND _____

DATE Vaccine Administered: _____ ROUTE: IM SITE: LD RD

NAME/TITLE of Vaccine Administrator: _____

COVID-19 Vaccine EUA FACT SHEET for Recipients provided. EUA DATE: _____