

Consent for COVID vaccination provided by Wayne County

All areas of this form **MUST** be completed:

Site/ School/Employer Group _____

Name (First. Last.): _____ Maiden Name: _____

Birth Date: _____ Gender (Circle One): Male Female Other

Are you disabled (as defined by the ADA)? Yes No Nation of Origin (if not USA): _____

Race (Check One): White Black/African American Asian American Indian/Alaskan Native
 Pacific Islander Chinese Japanese Filipino Native Hawaiian

Ethnicity (Check One): Hispanic/Latino Non-Hispanic/Latino Arab Non-Arab

Home Address: _____ City: _____ State: Michigan Zip: _____

Phone Number (Preferred): _____ Cell Other: _____

Email: _____ @ _____

Consent For Minors	Parent/Guardian Name (First & Last Printed): _____ Relationship to minor: _____ Parent/Guardian Signature (consent for vaccine): _____ Notes: _____
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Health History Questions (Must Be Answered): Please Check YES or NO

	YES	NO
Are you currently sick, have fever or illness?		
Have you ever received a dose of COVID-19 vaccine? If yes, which product? ... Pfizer... Moderna... J&J		
Have you ever had a SEVERE allergic reaction (e.g., anaphylaxis) to something? For example, a reaction for which you were treated with epinephrine or EpiPen®, or for which you had to go to the hospital?		
Do you have allergies to a vaccine component or latex?		
Do you have a bleeding disorder or are you taking a blood thinner?		
Have you ever tested positive for COVID infection? If YES, When: _____		
Are you pregnant or breastfeeding?		
Have you received passive antibody therapy as treatment for COVID-19?		
Emergency Use Authorization (EUA) form has been provided?		

-----PLEASE DO NOT WRITE BELOW THIS LINE-----

Vaccine Administered:

- Pfizer COVID-19 (0.3cc)
 Moderna COVID-19 (0.5cc)
 J&J/Janssen (0.5cc)
 5-11 y.o. Pfizer COVID-19 (0.2cc)
 Moderna COVID-19 (0.25cc) Booster

Lot #: _____ Site (Circle One): LA RA Dose # (Circle One): 1st 2nd 3rd Booster

Signature of Vaccine Administrator: _____ Date: _____