

COVID-19 Vaccination Consent and Screening Form

A Vaccination Consent form must be completed if a parent/legal guardian is not present with a minor/incapacitated adult at the time the vaccine is to be administered. The minor/incapacitated adult must have a signed consent form with them at the shot clinic. **Please print/type legibly.**

PERSONAL INFORMATION			
Name of minor/incapacitated adult ("recipient"):		Date of birth:	
Address:	City	State	Zip
County	Guardian Telephone Number		

This Consent and Screening Form should be completed with 24 hours of the vaccine administration.

If you answer "yes" to any question below, it doesn't necessarily mean the individual should not be vaccinated. It may, however, require additional consultation with a parent/legal guardian before administration.

This questionnaire asks about "allergic reaction" and "severe allergic reaction". For purposes of this questionnaire "severe allergic reaction" means a serious allergic reaction [e.g. anaphylaxis] that required treatment with epinephrine or EpiPen® or that caused recipient to go to the hospital. "Allergic reaction" includes a severe allergic reaction, and would also include an allergic reaction that occurred within 4 hours that caused hives, swelling, or respiratory distress, including wheezing.

SCREENING QUESTIONNAIRE	Yes	No	Don't know	Comments
1. Does the recipient feel sick today?				
2. Has the recipient ever received a dose of COVID-19 vaccine? <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Janssen (J & J) <input type="checkbox"/> Another product: _____				
3. Has the recipient ever had <i>an allergic reaction</i> to a component of a COVID-19 vaccine, including either of the following:				
a. Polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures?				
b. Polysorbate, which is found in some vaccines, film coated tablets, and intravenous steroids?				
c. A previous dosage of a COVID-19 vaccine?				
d. A vaccine or injectable therapy that contains multiple components, one of which is a COVID-19 component, but it is not known which component elicited the immediate reaction?				

4. Has the recipient ever had <i>an allergic reaction</i> to another vaccine (other than COVID-19 vaccine) or an injectable medication?				
5. Has the recipient ever had a <i>severe allergic reaction</i> [e.g., anaphylaxis] to something else? (<i>This would include food, pets, venom, environmental, or oral medication allergies.</i>)				
6. Has the recipient received any vaccine in the last 14 days?				
7. Has the recipient ever received a positive test for COVID-19 or has a doctor ever told you that you had COVID-19?				
8. Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as a treatment for COVID-19?				
9. Do you have a weakened immune system caused by something like HIV infection or cancer or do you take immunosuppressive drugs or therapies?				
10. Do you have a bleeding disorder or are you taking a blood thinner?				
11. Are you pregnant or breastfeeding?				
12. Do you have dermal fillers?				

I, _____, have the legal authority to consent to medical
(Name of person completing form)
treatment on behalf of the above-named recipient. I confirm the following:

- The recipient is scheduled to receive the _____ vaccine on
(Pfizer, Moderna, Janssen, etc.)
_____ at _____.
(date) (location)
- I have received and had the opportunity to read the *most recent* Emergency Use Authorization Information Sheet* for the above indicated COVID-19 vaccine. Any questions I have had about the vaccine have been answered to my satisfaction by a healthcare provider.
- I consent to have the above-listed COVID-19 vaccine administered to the recipient at date and location indicated above without a parent or legal guardian present.

(Signature) (Relationship to Recipient) (Date)

*The COVID-19 Emergency Use Authorization Vaccine Information Sheet may have been revised since the date you registered. The most up-to-date copy of all manufacturer information sheets can be found at:
<https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines>

For questions contact Southwest Nebraska Public Health Department at 308-345-4223.