



Coronavirus Disease 2019 (COVID-19) Vaccine Administration Informed Consent

Name (First and Last): _____

Screening Questions	Date: Vaccine # 1	Date: Vaccine # 2
Are you sick today or are you in isolation for COVID-19?	Yes No	Yes No
Do you have allergies to medications, food, or vaccines in which you carry an epi pen or have had anaphylaxis?	Yes No	Yes No
Are you immunocompromised?	Yes No	Yes No
For women only: Are you pregnant or is there a chance you could become pregnant during the next month?	Yes No	Yes No
Are you currently breastfeeding?	Yes No	Yes No
Have you received any vaccines within the last 2 weeks?	Yes No	Yes No
Have you received monoclonal antibodies or convalescent plasma in the last 90 days?	Yes No	Yes No

I acknowledge that Tri Valley Health System (TVHS) has offered me the COVID-19 vaccine. I also acknowledge the following:

1. I have read the Emergency Use Authorization (EUA) Fact Sheet regarding the COVID-19 vaccine, which describes the vaccine, along with its risks, benefits and side effects.
2. I have been given the opportunity to ask questions regarding the COVID-19 vaccine and its risk, benefits and side effects, and I have had my questions answered to my satisfaction.
3. I understand I will be receiving two doses of the COVID-19 vaccine at two separate times, and by signing below I am consenting to receiving both doses.
4. No guarantees or assurances have been made to me regarding the effectiveness of the COVID-19 vaccine.
5. I understand that clinical trials are ongoing and that data regarding the COVID-19 vaccine is still being evaluated.
6. I understand and acknowledge there may be side effects to the COVID-19 vaccine.
7. I understand that not all side effects are known at this time, and if any severe reactions occur, I will seek medical care with a licensed provider.
8. If I answered yes to any of the above screening questions, I understand that it is my responsibility to consult with my primary care provider to determine the risks and benefits of receiving the vaccine.

I understand that my signature below constitutes my acknowledgement that I have read and understood this informed consent form, and that I agree to receive the COVID-19 vaccine.

By signing below, I give my informed consent to TVHS to administer the COVID-19 vaccine to me.

Check the applicable box: TVHS Employee Contract Employee

Signature: _____ Date: _____

Witness Signature: _____ Date: _____

FOR ADMINISTRATIVE USE ONLY					
COVID-19 vaccine #1	Date Given	Route IM R L	Manufacture	Lot # Exp. Date	Signature of administrator
COVID-19 vaccine #2	Date Given	Route IM R L	Manufacture	Lot # Exp. Date	Signature of administrator