COVID-19 Vaccine Consent

PLEASE PRINT

Patient Last Name:	**First Name**:		**MI**:
Sex: ☐ M ☐ F	**DOB**: / /		**Age**:
Address:	**City**:	**State**:	**Zip**:
Cell Phone: ( )	**Alternate Phone:** ( )		

The following questions will help determine if there is any reason you should not receive a COVID immunization injection. *Answering "yes" to any question does not prevent you from being vaccinated. It means additional questions will be asked. If a question is not clear, please ask a healthcare provider to explain.*		
1. Has the person to be vaccinated ever received a COVID-19 vaccine? Date_______________...	☐ Yes	☐ No
2. Does the person to be vaccinated have an allergy to a component of the vaccine?............... Allergies:____	☐ Yes	☐ No
3. Has the person to be vaccinated ever had a severe reaction to COVID-19 vaccine?...............	☐ Yes	☐ No
4. Is the person to be vaccinated sick today?..	☐ Yes	☐ No
5. Is the person to be vaccinated younger than 18 years old?...	☐ Yes	☐ No
6. Is the person to be vaccinated pregnant, intending to be pregnant in the next 30 days or breastfeeding?..	☐ Yes	☐ No

Request for Administration of COVID-19 Vaccine for the above-named recipient: I acknowledge that I have received the Vaccine Information Statement or Emergency Use Authorization Information Sheet. I have had an opportunity to ask questions regarding the vaccine and understand the risks and benefits. I am aware that, to provide protection against the virus that causes COVID-19, two doses of this same vaccine may be required. I acknowledge that I may receive a reminder for a second dose by text (if cell phone number provided, standard messaging rates may apply), phone call, or mail. I hereby release The University of Tennessee Medical Center, their affiliates, employees, directors, and officers from any and all liability arising from any accident, act of omission or commission, which arises during vaccination.

PATIENT/AUTHORIZED REPRESENTATIVE SIGNATURE:____

DATE AND TIME:________________________

This consent is valid for 12 months from date signed.