



2020-2021 COVID-19 VACCINE CONSENT INACTIVATED INJECTABLE COVID-19 VACCINE

Name of Individual to be Immunized (please print) Birth Date
Address City State Zip Code
Phone (cell preferred) Email
Employer Phone
Position Staff Use Only Verified Tier:

Please answer the following questions:

- Have you received passive antibody therapy as treatment for Covid-19?
Have you ever had a severe allergic reaction after receiving a vaccine?
Do you have a bleeding disorder or are you taking blood thinners?
Have you received any Covid vaccination in the past 4 weeks?
Females only: Are you pregnant or plan to conceive within the next 2 months?

Acknowledgement:

- 1. I am at least 18 years of age. I have read of have had explained to me the Covid-19 vaccine including the emergency usage vaccine information sheet.
2. I understand the benefits and risks of the Covid-19 vaccine and request that it be given to me.
3. I understand my medical care provider will submit this immunization information to the state immunization registry.

Release of Liability:

I have read and I understand the acknowledgements set forth above, and I hereby release Elko County and NNRH, and all their agents, employees, trustees, and representatives, from all liability which may arise from the vaccination and/or from the information provided to me concerning such vaccination.

Consent to the Vaccination:

I have read and I understand the information set forth in this form. Based on that understanding, I hereby CONSENT to receive a Covid-19 vaccination.

Signature of Recipient of the Vaccination Date

If signed by someone other than recipient, please indicate name and relationship.
DO NOT WRITE BELOW THIS LINE

Administered by Print Name

For Office Use Only
(Check Appropriate Box): Pfizer Moderna
Covid-19 Vaccine Lot #: Exp: Date:
Site of Injection: R L Deltoid Return for Dose #2 on:

