



# COVID-19 Vaccine Consent Form

## Quick Registration Form

**Please Print Legibly**

1. **Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

2. **Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Mothers First Name:** \_\_\_\_\_

3. **What is your gender?**

Female     Male     Trans Female to Male     Trans Male to Female

Other     Prefer Not to Answer     Do not know

4. **What is your Sexual Orientation?**

Heterosexual (Straight)     Gay     Lesbian     Bi-Sexual

Other: \_\_\_\_\_     Prefer not to answer     Do Not know

5. **Race/Ethnicity:** \_\_\_\_\_

6. **Email:** \_\_\_\_\_  I Do Not Have Email

7. **Best Phone Number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  I Do Not Have A Phone Number

Homeless

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

## 8. Insurance Information

Do You Have Health Insurance?  YES  NO

If Yes Please Check One:  Medi-Cal     Medi-Care     Private Insurance

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_



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Medical History	Yes	No	Don't know
Do you have allergies to latex, food, medications, or vaccine components? (Such as eggs, thimerosal, gelatin, neomycin, phenol, or bovine protein)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever experience any serious reaction after getting a vaccine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the past year, did you receive a transfusion of blood or blood products, or injected immune (gamma) globulin or any antiviral drug?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you had any brain or other nervous system problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you pregnant or planning to get pregnant or your partner is planning to get pregnant?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- **Do you have any of the followings? (Select all that apply)**
  - Lung Disease
  - Anemia
  - Heart Disease
  - Blood Disorder
  - Asthma
  - Autoimmune Disorder
  - Kidney Disease
  - None of the above
  - Diabetes
- **Do you have immunocompromised condition?(Select all the apply)**
  - Cancer
  - Transplant
  - None of the above
  - Leukemia
  - Asplenia
  - Lymphoma
  - CSF Leak
  - HIV/AIDS
  - Cochlear Implant
- **Have you ever tested positive for COVID-19?**
  - Yes       No
- **In the last 14 days, have you had any contact with a person who was confirmed to have COVID-19?**
  - Yes       No
- **In the last 14 days have you traveled internationally?**
  - Yes       No
- **Do you have any of the following symptoms?**
  - Cough
  - Shortness of breath
  - Cold
  - Sore Throat
  - Fever
  - abdominal pain/diarrhea
  - Loss of smell/taste
  - None
  - Abnormal bruising or bleeding/eye redness



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## Pfizer COVID-19 Consent for Minor

Before you can receive the Pfizer COVID-19 vaccine, we need your parent or guardian to provide consent. You MUST have a parent or guardian fill out the consent form below and sign their name. You CANNOT consent to this service on your own unless you are an emancipated minor.

### CONSENT FOR VACCINATION AND FOR THE DISCLOSURE AND RELEASE OF INFORMATION OF VACCINATION RECORD

I have read the Pfizer EUA Fact Sheet for Recipients and Caregivers. I have had a chance to ask questions and all of my questions have been answered.

By signing below:

1. I understand the risks and benefits of the Pfizer COVID-19 Vaccine and request that it be given to my child.
2. I have the legal authority to consent to have my child vaccinated with the Pfizer COVID-19 Vaccine.
3. I understand I am required to accompany my child to the vaccination appointment and, by giving my consent, my child will receive the Pfizer COVID-19 Vaccine when I am present at the appointment.
4. I understand that the Pfizer COVID-19 Vaccine is 2 doses given 21 days after the first dose, and my child will need to return for his/her/their 2nd dose.
5. I also understand that by consenting to this vaccination, my child's information may be reported or shared with applicable federal, state, and local government agencies as required by law.

This waiver shall bind a minor participant if agreed to by that participant's parent or legal guardian.

### Participant Signature or Legal Guardian Signature Consent for Minor

I, \_\_\_\_\_ am the parent or legal guardian of  
(Parent/Guardian's Full Name)

\_\_\_\_\_, born \_\_\_\_\_.  
(Minor's Full Name) Date of Birth (MM/DD/YYYY)

Parent or Guardian phone number: \_\_\_\_\_

Parent or Guardian email: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_