PFIZER

COVID Vaccine Consent Form

Important information about your appointment

When you come for your vaccine appointment please remember the following:

- Masks are required at all times
- Please wear a shirt conducive to receiving a vaccine in your upper arm

  Please bring:
- Complete and bring this COVID-19 Vaccine Consent Form for each person receiving the vaccine
- Photo Identification
- Insurance card

Patient Name: ____ **Birthdate:** _________________ **Age:** _____

Gender: M F **Social Security #:** __________________ or **Drivers License #:** _______________________

Please answer the following questions concerning the individual receiving immunizations today. **YES NO**

1. Have you received any previous dose of the COVID-19 vaccine?..
   (if YES please answer question "a")
   a. What type vaccine did you receive? Moderna Pfizer Johnson & Johnson
2. Have you ever had an allergic reaction (of any severity) to mRNA COVID-19 vaccine or any of its components including polyethylene glycol (PEG) or polysorbate?...
3. Have you had a serious allergic reaction in the past (anaphylaxis)?..
4. Have you been treated for COVID disease with Monoclonal antibodies/Convalescent plasma in the last 90 days?...

I Authorize Canyon View Medical Group to bill my health insurance for the vaccine administration. The vaccine itself is provided by the federal government.

I have been offered a copy of the Pfizer COVID-19 VACCINE Fact Sheet. I have had the opportunity to have my questions answered in a satisfactory manner. I understand the benefits and risks of the vaccine and request that the Covid-19 vaccine be given to me.

Authorization Signature: ____ **Date:** _________________

If signature is NOT patient's, please print name: ___________________________________

Relation to patient: __________________________________

Office Use Only Date of Service: ____________________

Pfizer Dose					**Arm**		**Lot#**	**Initials**	**NG**
12+	1st (0.3mL)	2nd (0.3mL)	3rd (0.3mL)	Booster (0.3mL)	L	R			
5-11	1st (0.2mL)	2nd (0.2mL)	3rd (0.2mL)	Booster (0.2mL)	L	R			
6mo- 4	1st (0.2mL)	2nd (0.2mL)		Booster (0.2mL)	L	R			