

Please do NOT fax back to pharmacy.
Please follow return instructions included in this packet.



COVID-19 Vaccine Consent Form

Section 1: Information about Person to Receive Vaccine (please print)					
Name:	DOB:	Age:	Sex circle: M F	Rm:	
Race (optional):			Ethnicity (optional):		
Please circle: Resident Staff			PCP:		
FacName:		Street:		City/State/Zip:	
POA:		Street:		CSZ: Phone:	
Section 2: Screening for Vaccine Eligibility					
Has this person been vaccinated with the COVID-19 vaccine? Circle: YES NO					
There are multiple kinds of COVID-19 vaccine. If yes, your answers to the following questions will help us understand which vaccine (or step) to provide.					
Vaccine Brand (please circle) Pfizer Moderna Astra Zeneca Johnson and Johnson					
Date dose #1 given - Month:		Day:		Year: Time: AM / PM	
Date dose #2 (if applicable) given - Month:		Day:		Year: Time: AM / PM	
Section 3: Consent					
I understand I either have or will receive the Emergency Use Authorization (EUA) fact sheet prior to the administration of the vaccine and have the ability to revoke consent at any time.					
<input type="radio"/>	I GIVE CONSENT	to Community Pharmacy, LLC and its staff for the person named at the top of this form to be vaccinated with this vaccine. (If this consent form is not signed, then this person will not be vaccinated).			
<input type="radio"/>	I DO NOT GIVE CONSENT	to Community Pharmacy, LLC and its staff for this person named at the top of this form to receive this vaccine.			
Resident signature OR Signature/Printed Name of Health POA OR Name of Health POA/verbally acknowledged by licensed staff (sign & print name & credentials)					
X_____					
Date: Month_____ Day_____ Year_____					
Section 4: Insurance					
Please provide medical insurance information. (If Medicare Advantage Plan, please use traditional Medicare Part B.)					
InsPlan:		MemberID		SSN:	
Cardholder:		DOB:		Relationship:	

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Section 5: Vaccine Administration Record (Provider Use Only)			
First Dose:			
Injection Site (Deltoid) please circle: Right Left		Manufacturer: _____	
Refused <input type="radio"/>	Lot #: _____	Exp: _____	
The vaccine administrator's signature below attests that the vaccine recipient's identity has been confirmed and that the vaccine recipient has been properly screened according to the CDC guidelines and recommendations.			
Vaccine Administrator (signature): X _____		Date: _____	
Print Name & Credentials: _____		Time: _____ AM / PM	
Second Dose:			
Injection Site (Deltoid) please circle: Right Left		Manufacturer: _____	
Refused <input type="radio"/>	Lot #: _____	Exp: _____	
The vaccine administrator's signature below attests that the vaccine recipient's identity has been confirmed and that the vaccine recipient has been properly screened according to the CDC guidelines and recommendations.			
Vaccine Administrator (signature): X _____		Date: _____	
Print Name & Credentials: _____		Time: _____ AM / PM	