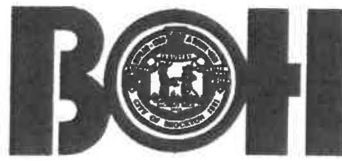
BOARD OF HEALTH



City Hall
45 School Street
Brockton, Massachusetts 02301

Telephone (508) 580-7175
Fax (508) 580-7179

Covid-19 Vaccine Screening and Consent Form

Information About person Receiving Vaccine (Please Print)

First Name	M.I.	Last Name	Date of Birth	Age	Male/Female

Phone Number	Race	Ethnicity	Address	City

Zip Code	State	Email Address	Type of Insurance
			◯ Public ◯ Private

Section II: Screening for Covid-19 Vaccine Eligibility (Please Circle Your Answer)

First	Second		Is this your first or second Covid-19 vaccination?
YES	NO	I DON'T KNOW	Are you feeling sick today?
YES	NO	I DON'T KNOW	Have you ever received a dose of Covid-19 vaccine? If yes, which vaccine product ◯ Pfizer ◯ Moderna ◯ Johnson & Johnson ◯ I don't know
YES	NO	I DON'T KNOW	Have you ever had a severe allergic reaction (e.g. anaphylaxis) to something? For example, a reaction for which you were treated with epinephrine or Epipen, or for which you had to go to the hospital?
YES	NO	I DON'T KNOW	Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for Covid-19?
YES	NO	I DON'T KNOW	Have you received any vaccinations within the last 14 days?
YES	NO	I DON'T KNOW	Have you had a positive test for Covid-19 or has a doctor ever told you that you had Covid-19?
YES	NO	I DON'T KNOW	Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies?
YES	NO	I DON'T KNOW	Do you have a bleeding disorder or are you taking a blood thinner?
YES	NO	I DON'T KNOW	Are you pregnant or breastfeeding
YES	NO	I DON'T KNOW	Was a severe allergic reaction after receiving a Covid-19 vaccine?
YES	NO	I DON'T KNOW	Was the severe allergic reaction after receiving another vaccine or another injectable medication?

IMPORTANT:

If you receive Pfizer-BIONTECH's vaccine, you should receive a second vaccination three weeks (21 days) later.
If you receive Moderna's vaccine, you should receive a second vaccination four weeks (28 days) later.
Johnson & Johnson is a single dose

Section III: Vaccination Information and Consent for Covid-19 Vaccine.

◯ Moderna COVID-19 VACCINE (EUA Fact Sheet)
◯ Pfizer- BIONTECH COVID-19 Vaccine
◯ Johnson & Johnson COVID-19 Vaccine

If this is your second dose, you must get the same vaccine brand to be considered fully vaccinated.

CONSENT FOR VACCINATION(S) – YOU MUST SIGN HERE FOR YOU/YOUR FAMILY TO BE VACCINATED

In signing this form, I agree that:
1. The information I provided is correct.
2. I have been provided the COVID-19 EUA Fact Sheet for Recipients and Caregivers which has information about the risks and benefits of the vaccine. I will be able to ask questions at the time I receive my immunization.
3. I have the legal authority to give consent for me and any other person(s) I registered to be vaccinated with the vaccine(s) above.
4. I give permission for my insurance company to be billed for the cost of administering the vaccine(s). The government is paying for the vaccine itself and I will not be billed for that portion of the cost of my immunization.
5. I understand that as required by the state law, all immunizations will be reported to the Department of Public Health Massachusetts Immunization Information System (MIIS) factsheet for parents and Patients, at www.mass.gov/dph/miis, for information on the MIIS and what to do if I object to my or my family's data being shared with other providers in the MIIS.

Signature: ______________________ Date: ______________

COVID-19 Vaccine	Type of Vaccine*	Date of Service*	Dose (mL)*	Route (IM)*	Site* (RA, LA, RT, LT)	Vaccine			EUA	
						Lot#	mfr	Exp. Date	Date on EUA factsheet	Date EUA Factsheet Given
Pfizer-BioNTech COVID-19 Moderna COVID-19 Janssen COVID-19				IM						

Signature of Vaccine Administrator: (Please Print and Sign) ____________________