



Black Hawk County Health Department
 1407 Independence Avenue • 5th Floor • Waterloo, IA 50703
 (319) 291-2413 • www.BHCPublicHealth.org

2021 COVID-19 VACCINE CONSENT

*****ALL fields MUST be completed or the form will be rejected*****

Last Name _____ First Name _____ Middle Name _____
 Maiden Name (if applicable) _____ Male Female
 Street Address _____ City _____ State _____ Zip _____
 Home Phone _____ Birth Date ____/____/____ Age _____
 Department: _____

Please answer the following questions:

1. Are you feeling sick today? No Yes
2. Have you ever received a dose of COVID 19 vaccine? No Yes
 - If yes, which vaccine product?
 - Pfizer Moderna Janssen (Johnson & Johnson) Other Product _____
3. Have you had a serious reaction (anaphylaxis) and received treatment with epinephrine or EpiPen or that caused you to go to the hospital? No Yes

If yes, was the severe allergic reaction caused by any of the following:

 - a component of the COVID 19 vaccine including either polyethylene glycol (PEG), which is found in some medications such as laxatives and preparations for colonoscopy procedures, or polysorbate, which is found in some vaccines, film coated tablets, and intravenous steroids No Yes
 - a previous COVID 19 vaccine No Yes
 - another vaccine or another injectable therapy that contains multiple components, one of which is a COVID 19 vaccine component, but it is not known which vaccine component elicited the immediate reaction No Yes
 - another vaccine (other than COVID 19 vaccine) or injectable medication No Yes
4. Have you received another vaccine in the last 14 days? No Yes
5. Have you had ever had a positive COVID 19 test or has a doctor ever told you that you have COVID 19? No Yes
6. Have you received passive antibody therapy as treatment for COVID 19? No Yes
7. Do you have a weakened immune system or do you take immunosuppressive drugs or therapies? No Yes
8. Do you have a bleeding disorder or are you taking a blood thinner? No Yes
9. Do you have dermal fillers? No Yes
10. Are you pregnant or breastfeeding? NA No Yes

Consent: I authorize Black Hawk County Health Department to administer COVID 19 vaccine and enter the information into the "Iowa Immunization Registry Information System" (IRIS).

- Moderna COVID 19** injectable vaccine. first dose second dose
- Pfizer-BioNTech COVID 19** injectable vaccine. first dose second dose
- Janssen / Johnson & Johnson** one time dose

I have been given a copy of the corresponding Vaccine EUA Fact Sheet. Contraindications to the vaccine were reviewed with me and any questions were answered to my satisfaction. I understand the benefits and risks of receiving the COVID 19 vaccine.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE FOR HEALTH CARE PROVIDERS

- I do hereby acknowledge receipt of a copy of the Black Hawk County Notice of Privacy Practices.
- I decline receipt of the Black Hawk County Notice of Privacy Practices.

 (Print) Client Full Name Signature Date

For office use only:

Date of injection: _____

Intramuscular Injection site: Left Deltoid Right Deltoid

Manufacturer: _____ Lot #: _____ Expiration: _____

Nurse Signature _____