**Vaccination Consent Form**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Middle Initial: \_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please Print Clearly*

***Please initial next each vaccine if you CONSENT to or DECLINE the vaccine.***

|  |  |  |
| --- | --- | --- |
| **Vaccination** | **I CONSENT to have** | **I DECLINE to have** |
| **COVID Vaccine** \*To meet most recent guidelinesLast Date Administered:  |  |  |
| **Influenza** \*Annual VaccinationLast Date Administered:  |  |  |

***Nurse to Complete Below Questions at Time of Administration***

|  |  |  |
| --- | --- | --- |
| **YES** | **NO** | **Screening Questions for ALL Vaccinations: Please answer the following questions:** |
|  |  | Do you currently have an acute illness or infection? |
|  |  | Are you on anticoagulant therapy or do you have a bleeding disorder? |
|  |  | Do you have a severe allergy to latex? |
|  |  | Are you allergic to eggs or egg products?  |
|  |  | Are you allergic to thimerosal (a preservative) other than contact lens sensitivity? |
|  |  | Have you had a systemic allergic reaction, any adverse reaction, seizure, Guillain-Barre syndrome, coma or encephalopathy related to a previous vaccine? List Allergy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Do you have any other allergies? *(A “yes” response would not be an exclusion form COVID-19 Vaccination)*List Allergy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Do you currently have a progressive or unstable neurologic or uncontrolled seizure disorder?  |
|  |  | Have you been given the Vaccine Information Statement for the vaccines? |
| *If answered Yes to any of the above questions, with the exception of the last one, consult with the provider about administrating the vaccine.****Note:*** *not all vaccines should be given at once. Vaccines should be spaced based on CDC recommendations.* |