



Hancock Public Health
COVID-19 VACCINE INFORMATION AND CONSENT FORM- PRIMARY SERIES
 (12 years of age and older)

SECTION 1: PATIENT INFORMATION

FIRST NAME: _____	MIDDLE INITIAL _____	LAST NAME: _____
DATE OF BIRTH: _____	MALE/FEMALE: _____	AGE: _____ PHONE NUMBER: _____
STREET ADDRESS: _____		CITY: _____
STATE: _____	ZIP CODE: _____	COUNTY OF RESIDENCE: _____

SECTION 2: PATIENT INSURANCE INFORMATION

<u>PRIMARY INSURANCE</u>	<u>SECONDARY INSURANCE</u>
Policyholder _____	Policyholder _____
Policyholder date of birth _____	Policyholder date of birth _____
Social Security # _____	Social Security # _____
Relationship to patient _____	Relationship to patient _____

SECTION 3: SCREENING QUESTIONS

What dose will you be receiving today (1st, 2nd, 3rd)? _____

- Recommended schedule for the **general public** receiving Moderna (ages 18+) = 2 doses (0 weeks, 4 weeks) booster 5 months after dose 2. Pfizer (ages 12+) = 2 doses (0 weeks, 3 weeks)
- Recommended Schedule for people with **moderate to severe immunocompromise** receiving Moderna (ages 18+) = 3 doses (0 weeks, 4 weeks, 7 weeks)
- Recommended Schedule for people with **moderate to severe immunocompromise** receiving Pfizer (ages 12+) = 3 doses (0 weeks, 3 weeks, 7 weeks)
- Recommended schedule for **Janssen (J&J) for the general public and immunocompromised** (ages 18+) = 1 dose and booster 8 weeks later.

Please answer the health questions below:	Yes	No	Unknown
1. Have you ever had a severe allergic reaction to a vaccine or any injection in the past?			
2. Have you ever tested positive for COVID-19 or had a doctor tell you that you had COVID-19?			
3. Have you been identified as either a probable or confirmed case of COVID-19 in the last 2 weeks?			
4. Have you received antibody therapy (monoclonal/convalescent plasma) for COVID-19 in the last 3 months?			
5. Do you have any serious health conditions?			
6. Do you have a weakened immune system (i.e. from HIV or cancer) or are you on immunosuppressive drugs? * See section 5 for qualifications			
7. Do you have a bleeding disorder or are you taking a blood thinner?			
8. Are you pregnant or breastfeeding?			
9. Do you feel sick today?			

