



Healthy. Vibrant. Everyone. Everywhere.

DOUGLAS COUNTY HEALTH DEPARTMENT COVID-19 VACCINE CONSENT FORM 2020-2021 Season

CIRCLE

- 1. HAVE YOU RECEIVED ANY VACCINES (INCLUDING INFLUENZA) IN THE PAST 14 DAYS? YES NO
2. IN THE LAST 90 DAYS HAVE YOU RECEIVED PASSIVE ANTIBODY THERAPY (MONOCLONAL ANTIBODIES OR CONVALESCENT PLASMA) AS PART OF COVID-19 TREATMENT? YES NO
3. HAVE YOU TESTED POSITIVE FOR COVID-19 IN THE LAST 90 DAYS? YES NO
4. HAVE YOU EVER RECEIVED A COVID-19 VACCINATION? YES NO
5. DO YOU FEEL SICK TODAY OR HAVE A FEVER? YES NO
6. HAVE YOU EVER HAD SEVERE REACTION TO ANY VACCINE? YES NO
7. HAVE YOU EVER HAD AN ANAPHYLACTIC REACTION? YES NO
8. ARE YOU PREGNANT OR BREAST FEEDING? YES NO
9. HAVE YOU EVER HAD A REACTION TO LATEX? YES NO
10. DO YOU HAVE A BLOOD CLOTTING DISORDER AND/OR TAKE ANTICOAGULANT MEDICATION, WHICH MAY RESULT IN INCREASED BRUISING? YES NO

\* If you answered YES to either of these questions, you will be unable to receive the vaccine today.

Male Female

LEGAL LAST NAME LEGAL FIRST NAME MI MAIDEN NAME

HOME COUNTY:

Douglas County Sarpy County Other:

ADDRESS CITY STATE ZIP CODE

Can this # accept text messages? Yes No

EMAIL ADDRESS PHONE #

RACE: White Black Asian Amer. Indian/Alaska Native Native Hawaii/Pacif. Island Other

ETHNICITY: Hispanic Non-Hispanic OCCUPATION DATE of BIRTH AGE

I have read or have had explained to me the information on this form about COVID-19 and COVID-19 vaccine. I have been provided with the most current Fact Sheet (12/2020) and had a chance to ask questions which were answered to my satisfaction.

SIGNATURE TODAY'S DATE

FOR DOUGLAS COUNTY HEALTH DEPARTMENT USE ONLY

DOSE: 0.5ml ROUTE: Intramuscular LOT #: EXPIRES: SITE: (Please Circle) Right Deltoid Left Deltoid SCREENED & ADMINISTERED BY (Signature): DATE: PLEASE LEGIBLY PRINT NAME: