

COVID-19 VACCINATION CONSENT FORM v.6

WHY GET VACCINATED?

COVID-19 is a highly contagious virus that is spreading around the world at this time. Anyone can get the infection but it is most dangerous for the elderly or those with chronic medical conditions or a weakened immune system. Heart disease, obesity, diabetes, and/or cancer can be worsened if you get the virus. There are several COVID related medical complications, such as pneumonia, bronchitis, and inflammatory disorders, which can result from getting the virus.

Date \_\_\_\_\_  
Time In \_\_\_\_\_  
Time Out \_\_\_\_\_

**COVID-19 Infection Symptoms:** fever, chills, sore throat, muscle aches, fatigue, headache, GI disturbance, vomiting, diarrhea, new cough, congestion, rhinitis, and loss of taste/smell.

**THINGS TO CONSIDER:** People who are moderately or severely ill should wait until they recover before getting the vaccine. If you have questions about the vaccine, discuss with your physician, health department, Pharmacist or health department.

**RISK OF A VACCINE REACTION:** Soreness, redness, and swelling at injection site, mild to moderate fever, headache, and fatigue lasting approximately 24 hours after the 1<sup>st</sup> or 2<sup>nd</sup> vaccine. The 2<sup>nd</sup> vaccine had reportedly more reactions.

People who have had a severe allergy (previous anaphylaxis) to vaccinations, food, or medications may have the increase risk of an allergic reaction. An allergic reaction could occur after receiving the vaccine. **Anyone receiving the vaccine must remain in the holding area for 15 minutes. Anyone with a history of allergy to previous vaccination or vaccine components or receives an intervention like Benadryl, etc. must stay in holding area for 30 minutes.**

**\*\*\*Alert staff in holding area immediately if signs of allergy develop (hives, swelling of face and throat, difficulty breathing, rapid heartbeat, dizziness or weakness, etc.)\*\*\***

\_\_\_\_\_ Initial. I have received the vaccination Fact Sheet for the covid-19 vaccine, version 12/20.

I understand the risks and benefits of the covid-19 vaccination. I understand that the Covid-19 vaccine is voluntary and I am choosing to receive the Covid-19 Vaccination in a two-step series over the course of 28 days. I will notify the HCMC Employee Health/ Infection department during regular office hours, Monday through Friday from 8 a.m. to 4:30 p.m. or I will contact my healthcare provider or the emergency department if I experience any unusual signs and/or symptoms.

Name (print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Cell phone number \_\_\_\_\_

Vaccinator Signature \_\_\_\_\_ Left \_\_\_\_\_ Right \_\_\_\_\_