

Consent for COVID vaccination provided by Wayne County

School: _____

All areas of this form MUST be completed:

Name (First. Last.): _____ Maiden Name: _____

Birth Date: _____ Gender (Circle One): Male Female Other

Are you disabled (as defined by the ADA)? Yes No Nation of Origin (if not USA): _____

Race (Check One): White Black/African American Asian American Indian/Alaskan Native
 Pacific Islander Chinese Japanese Filipino Native Hawaiian

Ethnicity (Check One): Hispanic/Latino Non-Hispanic/Latino Arab Non-Arab

Home Address: _____ City: _____ State: Michigan Zip: _____

Phone Number (Preferred): _____ Cell Other: _____

Email: _____ @ _____

Consent For Minors	Parent/Guardian Name (First & Last Printed): _____ Relationship to minor: _____ Parent/Guardian Signature (consent for vaccine): _____ <p>Parent/Guardian signature is giving permission for BOTH doses of Pfizer COVID vaccine, spaced 21 days (or more) apart. The Wayne County Health Dept will return to the same location for the second dose. If I choose NOT to have my child receive the 2nd dose, I can notify the school or my child will not present at the event. If I miss the second dose day, I can schedule an appointment elsewhere by calling 1-866-610-3885.</p>
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Health History Questions (Must Be Answered): Please Check YES or NO

	YES	NO
Are you currently sick, have fever or illness?		
Have you ever received a dose of COVID-19 vaccine? If yes, which product? ... Pfizer... Moderna ... Janssen		
Have you ever had a SEVERE allergic reaction (e.g., anaphylaxis) to something? For example, a reaction for which you were treated with epinephrine or EpiPen®, or for which you had to go to the hospital?		
Do you have allergies to a vaccine component or latex?		
Do you have a bleeding disorder or are you taking a blood thinner?		
Have you ever tested positive for COVID infection? If YES, When: _____		
Are you pregnant or breastfeeding?		
Have you received passive antibody therapy as treatment for COVID-19?		
Emergency Use Authorization (EUA) form has been provided?		

-----PLEASE DO NOT WRITE BELOW THIS LINE-----

Vaccine Administered:

- Pfizer Comirnaty COVID-19 (16+)
 Pfizer COVID-19 (12-15)
 Pfizer COVID-19 (5-11)
 Moderna COVID-19 (18+)
 Janssen COVID-19 (18+)

Lot #: _____ Site (Circle One): LA RA Dose # (Circle One): 1st 2nd 3rd Booster

Signature of Vaccine Administrator: _____ Date: _____