

## COVID 19 CONSENT FORM

<b>Patient/Recipient Name</b>	
<b>Date of Birth</b>	/ /
<b>VACCINE CONSENT:</b> I have been given a copy and have read, or have had explained to me, the information in the FACT SHEET FOR RECIPIENTS AND CAREGIVERS EMERGENCY USE AUTHORIZATION (EUA) regarding the Covid 19. I ask that the vaccine be given to me or to the person named below for whom I am authorized to make this request and authorize the release of immunization records for the patient below to any school, health department or other healthcare provider. This authorization is effective for one year after the date listed below.	
<b>Patient/Recipient Signature:</b>	

<b>VACCINE TO BE ADMINISTERED: Moderna Covid 19 Vaccine</b>
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**Did you bring your immunization record card with you?** yes no

It is important for you to have a personal record of your vaccinations. If you don't have a personal record ask your healthcare provider to give you one. Keep this record in a safe place and bring it with you every time you seek medical care. Make sure your healthcare provider records all your vaccinations on it.