



Caring for Generations.

Covid-19 Vaccine Consent Form

Name: _____ Date of Birth: _____ Date: _____
Gender: _____ Work Group: _____ Employee ID: _____

I have been given a copy and have read, or have had explained to me, the information contained in the vaccine information pamphlet about the disease and vaccine for Covid-19.

Special instructions to Females Receiving Vaccinations

There is a remote possibility that receiving the Covid-19 vaccine may be hazardous to pregnant or their unborn babies. Pregnant women should not receive Covid-19 the Covid-19 Vaccine. A woman who receives the Covid -19 vaccine should wait 3 months before becoming pregnant.

If employee is Female please answer these questions:

1. Are you pregnant or breast feeding? Yes/no
2. Are you aware that you should avoid pregnancy and breast feeding for at least 3 months after receiving the Covid-19 vaccine? Yes/no
3. I understand the above statement and why these questions are necessary. Yes/no

Signed: _____ Date: _____

Signatures needed by ALL persons receiving the Vaccination:

I believe and understand the benefits and risks of the Covid-19 Vaccine and authorize Redlands Community Hospital to administer the vaccine indicated below:

1. Are you well today? Yes/no
1. Are you on any medications? Yes/no
Bamlamivimab within the last 90 days yes/no
Regeneron within the last 90 days yes/no
2. Have you ever had a serious reaction to shots? Yes/no
3. Do you have severe allergies to food or medications? Yes/no
4. Have you had convulsions, seizures, or epilepsy? Yes/no
5. Are you or members of your household on Cancer or Immunosuppressive therapy? Yes/No
6. Have you received immune globulin or any products in the last 5 months? Yes/no

Please administer _____ Covid-19 Vaccine Dose 1
_____ Covid-19 Vaccine Dose 2

Signature: _____ **Date:** _____

To be filled out by Administrator of Vaccine:

Does the patient/employee feel sick today? No Yes explain:

Vaccine Name: _____ Lot # _____

Date Given: _____ Given By: _____

Name: _____ Signature: _____

Sticker Vaccine Dose 1

Vaccine Dose 2