



COVID-19 Vaccine Release & Consent Form

Section 1

Name (Print): _____ Age: _____

Date of Birth: ____ / ____ / ____ Gender: M F (Circle one)
 MM DD YYYY

Address: _____ Telephone #: _____

City: _____ State: _____ Zip: _____

Section 2: Screening for Vaccine Eligibility

Has the person listed above previously received COVID-19 vaccine? Yes _____ No _____

If yes to above, indicate the COVID-19 vaccine previously received:

____ Pfizer ____ Modern ____ Astra Zeneca ____ Johnson and Johnson

Section 3:

1. Have you ever had a severe reaction to any vaccine in the past? Y _____ N _____
2. Do you have a history of a severe allergic reaction and/or anaphylaxis for which you carry an epipen? Y _____ N _____
3. Are you sick today with a moderate or severe illness? Y _____ N _____
4. Pregnant or breastfeeding? Y _____ N _____
5. Have you received any vaccines in the past 2 weeks? Y _____ N _____
 If yes what vaccine _____
6. Diagnosed with COVID infection in the past 4 weeks? Y _____ N _____
 if Yes DATE _____

Section 4: Consent

I have read or have had explained to me the information provided in the Emergency Use Authorization (EUA) Factsheet or Vaccine Information Statement about COVID-19 vaccine. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of COVID-19 vaccine and ask that the vaccine be administered to me or to the person named above for whom I am authorized to make this request.

Signature: _____ Date: _____

 Patient or Legal Guardian

Story County Public Health Clients: Please mark one and continued on the back.

I, the patient, have reviewed the Privacy Notice at Mary Greeley Medical Center and have been given the opportunity to receive a paper copy.

Initial Check

- ____ I do not wish to receive a copy of the Mary Greeley Medical Center Privacy Notice.
- ____ I do wish to receive a copy of the Mary Greeley Medical Center Privacy Notice.



Name: _____

Story County Public Health Clients:

Iowa Department of Public Health (IDPH) is collecting demographic data from individuals who receive the Covid-19 vaccine. This information is forwarded to the Center of Disease Control (CDC) for them to track this data.

Please check one:

Marital Status:

____ Single ____ Married ____ Divorced ____ Widowed

Ethnicity:

____ Hispanic Latino ____ Not Hispanic Latino ____ Unknown/Unavailable ____ Declined

Race:

____ American Indian or Alaska native ____ Asian ____ African American ____

Native Hawaiian or Pacific Islander ____ White or Caucasian ____ Unknown ____ Declined

Preferred Language:

____ English ____ Spanish ____ Chinese ____ Vietnamese ____ Japanese

____ Other: _____