



Covid-19 Vaccination & Administration Form

Patient Label Here

place label here for inpatients/those who have label generated; if outpatient/no label, please have patient provide information below

Name:		Date of Birth:	
Address:			
Gender:	Race/Ethnicity:	Phone Number:	
If you are insured, please list name of provider:	Plan Name: _____ Group ID: _____	Member ID: _____	

I have discussed any concerns regarding the COVID-19 Vaccine and any medical conditions I may have with my Healthcare Provider. I have either been advised by my Provider that I may proceed with the COVID-19 Vaccine OR, if my Provider has advised against receiving the COVID-19 Vaccine, I have taken the discussion into consideration and have decided to proceed with the COVID-19 Vaccine based on my own personal decision.

You must initial ALL statements if you are to receive the COVID-19 vaccination:	Initials
I have never had an allergic or anaphylactic reaction to a COVID-19 vaccine or polyethylene glycol (Pfizer, Moderna) or polysorbate (Johnson & Johnson/Janssen).	
<ul style="list-style-type: none"> I do not have known, active COVID-19 infection In the past 90 days, I have not received monoclonal antibodies for COVID-19 	

I understand that Emergency Use Authorization (EUA) is a pathway to make unapproved medical products available during public health emergencies.

Vaccine you are receiving today <small>(Box to be checked by Beebe Staff Member)</small>	Full FDA Approval Granted	Approved under FDA EUA (Emergency Use Authorization)	Risks
Pfizer BioNTech ages 16 and older <input type="checkbox"/>	YES	N/A	See separate Pfizer Fact Sheet for Recipients and Caregivers for those who are ages 12 years and older or See separate Pfizer Fact Sheet fo Recipients and Caregivers for those who are 5 through 11 years of age
Pfizer BioNTech ages 5-15 and 3 rd Dose ages 12 and older and Booster Dose ages 16 and older <input type="checkbox"/>	NO	YES	
Moderna ages 18 and older <input type="checkbox"/>	NO	YES	See separate Moderna Fact Sheet for Recipients and Caregivers Emergency Use Authorization (EUA) provided
Johnson Johnson/Janssen ages 18 and older <input type="checkbox"/>	NO	YES	See separate J&J Fact Sheet for Recipients and Caregivers Emergency Use Authorization (EUA) provided Please note specific risks of: blood clots and low platelet levels as well as Guillain Barré syndrome in Fact Sheet.



