

COVID-19 Vaccine Intake & Consent Form



Access Family Pharmacy

4062 Hixson Pike Chattanooga, TN 37415 Phone: 423-877-3568 Fax: 423-803-4791

Patient Information Last Name _____ First Name _____

SSN# _____ DOB _____ Gender _____ Phone# _____

Address _____ City _____ State _____ Zip _____

Race (circle one) Native American or Alaska Native / Asian / Black or African American / White or Caucasian / Pacific Islander or Native Hawaiian

Other _____ Ethnicity (circle one) Hispanic or Latino / Not Hispanic or Latino

IS THIS YOUR 1ST, 2ND, OR 3RD DOSE _____ ****Which Vaccine Are You Requesting (circle one): J&J Moderna Pfizer ***

If This Is Your 3rd Dose, Which Covid-19 Vaccine did you have for your initial 2 doses??? Moderna <OR> Pfizer

	Yes	No	Unsure
Are you feeling sick today?			
Have you ever had a severe allergic reaction in the past to a vaccine? If yes, which vaccine? _____			
Are you allergic to polyethylene glycol or polysorbate?			
Have you ever received a dose of COVID-19 vaccine? If yes, which vaccine product? [] Pfizer [] Moderna [] Other: _____			
Have you had a positive test for COVID-19 or has a doctor ever told you that you had COVID-19? If yes, when? _____			
Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment of COVID-19? If yes, when? _____			
Have you received another vaccine in the last 14 days? If yes, which vaccine? _____			
Do you have a bleeding disorder or are you taking a blood thinner?			
Do you have a weakened immune system caused by something such as HIV infections or cancer or do you take immunosuppressive drugs or therapies?			
Are you pregnant or breastfeeding?			
3RD DOSE ONLY: Are you moderately to severely immunocompromised?: ex: organ/stem cell transplant recipient taking immunosuppressive drugs/therapy; have advanced or untreated HIV infection; taking cancer treatment medications, high dose steroids or other medications that suppress the immune system			

I certify that I am: **I** the Patient and at least 18 years of age; **II** the parent or legal guardian of the minor Patient who is at least 9 years of age or older as required by state law; or **III** the legal guardian of the Patient. Further, I hereby give my consent to the pharmacist/CPhT of Access Drugs, LLC to administer the vaccine that I have requested. I understand that it is not possible to predict all possible side effects or complications associated with receiving the vaccine. I understand the risks and benefits associated with the vaccine I have elected to receive, and have received, read, and/or had explained to me by the Vaccine Information Statements (VIS) /Fact Sheet for the respective EAU COVID Vaccine. I also acknowledge that I have had a chance to ask questions and that such questions were answered to my satisfaction. Further, I acknowledge that I have been advised to remain near the vaccination location for approximately 15 minutes after administration for observation by the administering pharmacist. On behalf of myself, my heirs, and personal representatives, I hereby release and hold harmless Access Drugs, LLC, its staff, agents, successors, divisions, affiliates, subsidiaries, offices, directors, contractors, and employees from any and all liabilities or claims whether known or unknown arising out of, in connection with, or in any way related to the administration of the vaccine listed. I authorize Access Drugs, LLC to release any medical or other information to health care professionals, Medicare, Medicaid, or other third party payor necessary to effectuate care or payment and request that payment of authorized benefits be made on my behalf to Access Drugs, LLC with respect to the vaccine listed.

Signature: _____ Date: _____

(Person receiving vaccine or Parent or Guardian/Witness if recipient is a minor or unable to sign)

Pharmacy Use Only:

Immunizer Name _____ Signature _____ PharmD/CPhT/RN/LPN/EMT

Vaccine Administration Date: _____ Date VIS Given to Recipient: _____

Lot #	Exp. Date	Manufacturer	Dosage	Site of Injection	VIS Date	Date PNL Sent