## COVID-19 VACCINE CONSENT FORM PAT WALKER HEALTH CENTER

I have had an opportunity to ask questions prior to receiving this vaccine. The CDC website <a href="https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html">www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html</a> has the most updated information. I understand the benefits and risks of the vaccination as described. I request that the vaccine be given to me or to the person named below for whom I am authorized to sign. I understand that I am responsible for the cost of the vaccine in addition to the administration fee of \$35 should I not have insurance and/or my insurance does not cover the cost. Pat Walker Health Center will post any amount due to your UAConnect account.

I have been advised to remain in the injection area for 15 minutes for post-injection observation. If I leave before this time, I understand that I am leaving against medical advice.

Name (please print)			Date of Birth	Age	UAID#		
Phone number	er						
Medication or vaccine reactions				Signature of pers	Signature of person to receive vaccine (or parent or guardian)		
Date	Lot# HD9835	Exp Date 10/24	0.3cc IM Dose	Site	Signature of va	ccine administrator	
		COV	VID-19 VAC	CCINE CONSEN	NT FORM		
		P	AT WALKE	ER HEALTH CE	ENTER		
vaccine be I am respo insurance a due to you I have been	e given to me nsible for the and/or my in r UAConne in advised to	e or to the part of the cost of the nsurance do ct account.	person named be vaccine in access not cover the the injection as	ddition to the admi ne cost. Pat Walker	am authorized to nistration fee of \$ Health Center w for post-injection	request that the sign. I understand that \$35 should I not have fill post any amount a observation. If I leave	
Name (please	e print)			Date of Birth	Age	UAID#	
Phone number	er						
Medication o	r vaccine react	ions		Signature of pers	on to receive vaccine	(or parent or guardian)	

Site

Dose

Signature of vaccine administrator

Date

HD9835 10/24