

# Santa Fe Service Unit COVID Vaccine Consent Form

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Chart Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

**COVID VACCINE DOSE RECEIVING TODAY:**

- 1<sup>ST</sup> Dose
- 2<sup>ND</sup> Dose
- 3<sup>RD</sup> Dose (Immunocompromised)
- BOOSTER Dose (Bi-valent) [2 months since last dose]

**NAME OF COVID VACCINE RECEIVING TODAY:**

- PFIZER
- MODERNA

**DATES AND FACILITIES OF PREVIOUS COVID DOSES:** \_\_\_\_\_

I have been given and have read, or have had explained to me, the information in the "Vaccine Information Statement(s)" for the disease(s) and vaccine(s) checked below. I understand the benefits and risks of the vaccines requested and also understand that I have the alternative to decline vaccines. I ask that the vaccines signed for below be given to the person named for whom I am authorized. I understand that some immunizations are given in a series over a period of time and that by signing this form I agree that the immunizations marked below will be given, including those needed to complete a series. I agree to report any problems that arise, and direct any questions to the health care provider. I also understand that I may request from the health provider procedures on how to lawfully discontinue a vaccine series once begun. I agree to allow information on immunization(s) given to the named person to be released to other medical care provider(s) to avoid unnecessary vaccination or to ascertain immunization status. I also understand that my medical care provider may release this information to the state immunization registry (NMSIIS) unless I sign a document indicating my refusal.

X

\_\_\_\_\_  
*Signature of person to receive vaccine or person authorized to make request* *Date*

**BELOW FOR NURSE USE ONLY**

Covid-19 Vaccine Pre-vaccination Checklist completed? YES  NO

ENTER THE APPROPRIATE LOT#, EXPIRATION DATE, DATE of VIS, SITE/ROUTE, & TIME FOR EACH VACCINE GIVEN

Vaccine / Injection Volume	Lot #	Expiration Date	Date of VIS	Site/Route	Time
<b>Pfizer (12 &amp; older)</b> 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 30mcg/ 0.3mL					
<b>Pfizer (12 &amp; older)</b> <b>BIVALENT BOOSTER</b> 30mcg/ 0.3mL					
<b>Moderna (18 &amp; older)</b> 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 100mcg/ 0.5mL					
<b>Moderna (18 &amp; older)</b> <b>BIVALENT BOOSTER</b> 50mcg/ 0.5mL					

RA/IM (Right Arm/Intramuscular) LA/IM (Left Arm/Intramuscular) RT/IM (Right Thigh/Intramuscular) LT/IM (Left Thigh/Intramuscular)

VACCINATOR: \_\_\_\_\_  
 (PRINT NAME/TITLE)

\_\_\_\_\_  
 (SIGNATURE)

\_\_\_\_\_  
 (DATE OF SERVICE)