

## COVID-19 Vaccine Consent Form 2020 - 2021

	ereu.	Manufaci	turer:
Vaccine Lot Number:		Expiratio	n Date of Vaccine:
Site of Injection:	Left Deltoid		
	Right Deltoid		
Signature and Title of \	/accine Administrator:		ne Baker RN, BSN Karen Spees Sr LVN Campbell Sr LVN Amber Garcia RN, BSN,
R#:		TTUHSC E-mail:	@ttuhsc.edu
Name:			Date of Birth:
Last		First M.I.	
School:	Medicine $\Box$ G	Graduate Biomed Science	
	Nursing	Health Professions	
П	Pharmacy		
	•		
_	_		
Title:	Faculty	aff Land Resident/Fellow	Student
<b>Direct Patient Cor</b>	ntact: Yes / No		
Allergies:			
	re anaphylactic hyperser		
	ry of Guillain-Barre Synd		
	erate to severe illness at		
	ny or severe reaction or s gnant at this time	allergy to vaccine component	
_			
Information Statem	nent: Please check off th	ne following statements.	
<u> </u>	, ,	ead the information sheet.	
_	'	estions which were answered to my	
☐ I understand	the benefits and risks as	ssociated with this vaccine; I'm reque	esting that the vaccine be given to me.
☐ I give consen	t to release my informat	ion to DSHS and the Immtrac system	n
Signature of Person	to receive vaccine:		
		Date Signed:	

FOR NURSE TO COMPLETE