**\*\*\* Covid Vaccine Consent Form 2022 - 12 years of age and older \*\*\***

|  |  |
| --- | --- |
| Patient’s Name |  |
| Patient’s DOB |  |
| Mailing Address |  |
| City, State, Zip Code |  |
| Phone Number |  |
| Parent/ Guardian Name: |  |
| ------------------------------- | ---------------------------------------------------------------------------------------------------- |
| Insurance Name |  |
| Insurance ID # |  |
| Insurance Group |  |
| Insurance Address |  |
| Subscriber Name |  |
| Subscriber DOB |  |

The State of Vermont provides the **Covid Vaccine** for our vaccine clinics. They require the following information for Vaccine Eligibility. (MUST CHECK ONE). Insurance covers any injection fee billed by UVP.

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| An American Indian or Alaskan Native? |  |  |
| Enrolled in Medicaid? |  |  |
| Insured, or age 19 years and older (Other than Medicaid)? |  |  |
| No Insurance |  |  |
| Underinsured (has health insurance, but the coverage does not include vaccines)? |  |  |

|  |  |  |
| --- | --- | --- |
| List all your previous Covid Vaccines Date below | List Each Manufacturer Below | ^ |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |

**Consent for Vaccination:**

I have read or had explained to me the **Pfizer Vaccine Information Fact Sheet for the Covid-19 Pfizer Bivalent Vaccine** and understand the risks and benefits. I give consent to Upper Valley Pediatrics staff or school nurse to give this Covid Vaccine. (If this form is not signed, you will not be vaccinated.)

Signature of Parent/Legal Guardian or

Adult Patient Over 18 yearrs of age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR ADMINISTRATIVE USE ONLY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Covid Pfizer Bivalent** | **Vaccine Manufacturer** | **Date Administered** | **Route** | **Lot Number** | **Name of Administrator** |
| **Booster** | **PFIZER** | **10/13/22** | **Left Right** |  | **Dr Rebecca Yukica**  **Melissa Links,LPN** |