



COVID-19 Vaccine Consent Form

Section I: Information about Person to Receive Vaccine			
Name (Last)	(First)	(M.I.)	Date of Birth (mm,dd,yyyy)
Authorized Power of Attorney (POA)/Legal Guardian Name (Last)	(First)	(M.I.)	Authorized POA Phone #
City	State	ZIP	Street Address
Facility Name	Room Number	Residents Primary Care Provider	

Section II: Emergency Use Authorization
<p>The FDA has made the COVID-19 vaccine available under an emergency use authorization (EUA). This vaccine has not completed the same type of review as an FDA approved product. However, the availability of the vaccine is based on the existence of a public health emergency and the totality of evidence showing the known benefits outweigh the known and potential risks.</p>

Section III: Consent
<p>I certify that I have read, or had explained to me the I Emergency Use Authorization Fact Sheet and that I have had a chance to ask questions and that my questions were answered to my satisfaction (and ensured the person name above for whom I am authorized to provide surrogate consent was also given a chance to ask questions). I understand the benefits and risks of the vaccination as described and that I have the ability to revoke consent at any time.</p> <p><input type="checkbox"/> I GIVE CONSENT</p> <p><input type="checkbox"/> I DO NOT GIVE CONSENT</p> <p>Resident signature OR Signature/Printed Name of Health POA OR Name of Health POA/verbally acknowledges by licensed staff and witness (sign & print name of credentials)</p> <p>_____</p> <p>Date: Month _____ Day _____ Year _____</p>