



Alabama Department of Public Health COVID -19 Vaccine Administration Form PATIENT INFORMATION

Form with fields: Last Name, First Name, M.I., Gender, Last 4 Digits of Social Security Number, Date of Birth, Age, Race, Ethnicity, Street Address, Phone, City, County, State, Zip, Do you have a disability?

PARENT / LEGAL GUARDIAN INFORMATION FOR DEPENDENTS

Form with fields: Last Name, First Name, Relationship to Patient, Street Address if Different, City, State, Zip, Phone, Emergency Contact

INSURANCE INFORMATION

Form with fields: Insurance Provider, Group Number, Effective Date of Policy, Insurance Policy Number, Medicare Number, Card Subscriber Name, Subscriber Date of Birth, Relationship to Patient

I have read the Emergency Use Authorization (EUA) Fact Sheet or the VIS about the COVID vaccine. I understand the benefits and risks of the COVID -19 vaccine. I give permission for the above named patient to receive the vaccine indicated. I authorize billing insurance for the vaccine administration fee for the vaccine provided. I have also received notice of my privacy rights, and I have been given or offered a copy of the Alabama Department of Public Health "Notice of Privacy Practices." I understand this information is available upon request, as well as available for review at the time of vaccination. Signature or person to receive the vaccine or authorized representative or Legal Guardian: For children 18 years and younger a parent or legal guardian must sign this consent. X DATE

(FOR CLINIC USE ONLY)

Form with fields: Date Vaccine and EUA/VIS Given, Type and Date of VIS or EUA Fact Sheet, Clinical Site, County Code, NCES #, Vaccine Given, Admin Code, CPT code, Site Location, Manufacturer, Lot Number, NDC #, Site of Injection, Route, Nurse Signature, Date