



Mercy Medical Center  
COVID-19 Vaccine Consent Form 2020 - 2021

**Name of Person Receiving Vaccine:** \_\_\_\_\_

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

**1. Read Vaccine Information Statement Before You Fill Out This Portion of the Form.**

1. Have you ever had a severe adverse reaction to any of the components of the COVID-19 Vaccine (including polyethylene glycol [PEG] or polysorbate). If yes, you should not receive the COVID-19 vaccine.  Yes  No
2. Have you ever had a severe adverse reaction to any vaccine? If yes, you should ask your doctor if you should receive the COVID-19 vaccine.  Yes  No
3. Are you ill or running a fever > 100.00 today? Moderate to severe illness is a precaution to vaccination. If yes, vaccine may be deferred until a later date.  Yes  No

**The COVID-19 vaccine is preservative free.**

I have received the COVID-19 Vaccine Fact Sheet For Recipients and Caregivers and the CDC Pre-Vaccination Checklist for COVID-19 Vaccines. I have had an opportunity to ask questions and understand the benefits and risks of COVID-19 vaccination. I understand that this vaccine has been authorized for use under emergency use authorization (EUA) and there is no U.S. Food and Drug Administration (FDA) approved vaccine to prevent COVID-19. As with all medical treatment, I understand that there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. I request that **COVID-19 Vaccine** be given to me.

**Signature of Patient (or person authorized to sign for patient) Consenting to Vaccine:**

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**If authorized signer, relationship to patient:** \_\_\_\_\_

**Date:** \_\_\_\_\_