STUDENT COVID-19 VACCINE CONSENT FORM

First Name | | | | | | | | | | | | | | | | | | | | | | | |

Last Name | | | | | | | | | | | | | | | | | | | | | | | |

UNI ID_____ **Birth date**: ____/____/_____ **Age**: _____ **Sex**: ☐ Male ☐ Female ☐ Other

Address: _____ **City**: _____

State: _____ **Zip**: _____ **Phone**: (_____)_____

Please answer the following questions:

Have you previously received a COVID-19 vaccine? ☐ No ☐Yes

If yes, date of last vaccination:_____

What brand of COVID vaccine? ☐Pfizer ☐Moderna ☐Johnson & Johnson-Janssen

Are you feeling sick today? ☐ No ☐Yes

Have you ever had a severe allergic reaction requiring the use of epinephrine/EpiPen to:

A component of the COVID-19 vaccine, including polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures? ☐ No ☐Yes

Polysorbate? ☐ No ☐Yes

A previous dose of COVID-19 vaccine? ☐ No ☐Yes

A previous severe allergic reaction to anything? ☐ No ☐Yes

Are you pregnant or breastfeeding? ☐ No ☐Yes

Do you have a bleeding disorder or are you taking a blood thinner? ☐ No ☐Yes

Have you received monoclonal antibodies/convalescent serum as treatment for COVID-19? ☐ No ☐ Yes

I acknowledge having received the applicable Emergency Use Authorization (EUA) Fact Sheet for Recipients and Caregivers for the COVID-19 vaccine. After having had an opportunity to review the EUA Fact Sheet and ask questions about the vaccine, I understand the benefits and risks of receiving the COVID-19 vaccine. I also understand that should I elect to receive the COVID-19 vaccine, the provider must enter my information into the "Iowa Immunization Registry Information System." I authorize the UNI Student Health Clinic to administer the COVID-19 vaccine.

I HAVE BEEN ADVISED TO WAIT FOR 15-30 MINUTES OF OBSERVATION AFTER RECEIVING MY VACCINE BEFORE LEAVING.

Patient Signature: _____Date: _____

FOR CLINIC USE ONLY:

Clinic site: University of Northern Iowa Student Health Clinic ***Pfizer Lot#:_____***

Date vaccine administered: ____/____/_____

Site: Right or Left Deltoid

Signature of vaccine administrator: _____

UNI University of Northern Iowa