



COVID Vaccination Consent

MRCH Employee #: _____
(If you are a Employee of MRCH)

Today's Date: _____

Consent: I have been given the most current Vaccine information available according to the CDC.
I **consent** to receive this vaccine. I have had an opportunity to ask questions. I understand the benefits and risks of COVID Vaccine.
I DO NOT HAVE AN ALLERGY TO THIS VACCINE OR ITS COMPONENTS.

Gender: Male Female

Consent Signature: _____

Date of Birth: _____

Print Name: _____

Department: _____
(if you are a MRCH employee)

Address: _____

City, State, Zip: _____

Phone #: _____

Height: _____ Weight: _____

Driver's Lic #: _____

Ethnicity: Hispanic or Non-Hispanic Social Security# _____

Race: Asian Black or African American Hispanic American Indian Caucasian Pacific Islander Other _____

Occupation: _____ Employer: _____

No Known Allergies

List any known Allergies: _____

Primary Insurance Name: _____ ID#: _____ Grp#: _____ Subscriber Name: _____

No Insurance

If this is your 2nd vaccine dose, where did you receive your 1st dose: _____

Stop here please - Thank you

1st Injection

Vaccine: _____

Site: _____

Signature: _____

Lot#: _____

Print: _____

Exp Date: _____

Date: _____

No Reaction

Release Time: _____

Reaction: _____

2nd Injection

2nd Injection Due Date: _____

Vaccine: _____

Site: _____

Signature: _____

Lot#: _____

Print: _____

Exp Date: _____

Date: _____

No Reaction

Release Time: _____

Reaction: _____

Administration use only

1st Visit#: _____

1st Dose entered, Initials: _____

2nd Dose entered, Initials: _____