Northern Light Health

COVID Vaccine Administration Record & Consent

Demographics

Name:	DOB: / /	Age:	Social Security:
Street Address:		City:	
State:	Zip Code:	Phone #	Email
Primary Care Provider	**Ethnicity:** _____-Hispanic _____-Non-Hispanic or Latino _____-Unknown _____-Choose not to answer		

Race: _____American Indian/Alaskan Native _____-Asian _____- Black _____- Native Hawaiian/Pacific Islander _____-White _____-Unknown _____-Choose not to answer

Status: _____Patient _____NLH Employee _____Student _____Contractor _____Travel Nurse _____Volunteer _____Other_____

Please Fill out for NL Health Employees only——> Employer: Badge #

Patient Questions (Please Circle)

1. Do you have an allergy to a previously administered Covid-19 vaccine or any component of Covid-19 vaccine? *Covid Vaccines have NO Latex, Egg or preservative but may contain lipids and solution stabilizers such as Dimyristoyl glycerol (DMG) - poly-ethylene glycol (PEG) 2000, salts, sucrose, and polysorbate.*	Yes	No
2. Have you had a serious reaction to a previous COVID-19 Vaccine? *A normal reaction after a Covid Vaccine includes the following: Arthralgia (aches or pains in joints), fatigue, fever, chills, headache, Myalgia (ache or pain in muscle), nausea, local pain, or redness at the injection site. These may be more severe with the second dose.*	Yes	No
3. Have you tested positive for Covid-19 in the last 14 days?	Yes	No
4. Do you have an allergy to any vaccine?	Yes	No
5. Have you received Covid-19 Monoclonal Antibodies or Convalescent plasma within the last 90 days?	Yes	No
6. I received and read a copy of the fact sheet for the recipients and caregivers emergency use authorization document for my respective covid-19 vaccine.	Yes	No
7. I understand if I have an allergic reaction I may receive medication to offset such reaction.	Yes	No
8. I understand I should wait in the area 15-30 minutes after I receive my vaccine and will seek immediate medical treatment for any signs or symptoms of adverse or allergic reactions after receiving Covid-19 vaccination.	Yes	No

Consent Information

We have three important documents we want you to be aware of:

1. Our Notice of Privacy Practices that explains your rights when it comes to your health information, and how we use and disclose this information.
2. Your Rights and Responsibilities as a patient.
3. The state of Maine participates in a statewide health record exchange called HealthInfoNet. We share healthcare information with this exchange unless you choose to opt out. If you want to opt out, the opt out form is available on the Health InfoNet website or the Northern Light Health website.

- I agree to the Northern Light Health Consent to Treatment. I acknowledge that I may request a copy of the (a) Northern Light Health Consent to Treatment, (b) Northern Light Health Notice of Privacy Practices, (c) Patient's Rights and Responsibilities, (d) information on the health information exchange including the opportunity to opt- out,
- I consent to be vaccinated for Covid-19.
- I understand that the vaccine I am consenting to may require two doses to produce immunity to COVID-19 and that it is necessary that I receive both doses of the vaccine as scheduled.
- I understand and acknowledge that my Covid-19 vaccine record may be shared with other Northern Light Health Member Organizations and providers; or your employer, if this is an employer sponsored event.
- For Northern Light Health employees, contractors, volunteers, and students; I request that my vaccination information be sent to Northern Light Health Human Resources and WorkHealth.

Patient Signature:_____ **Date:**_____

Parent/Guardian Signature (18 & Under):_____**Relationship:** _____ **Date:**_____

Dose : Manufacturer / Route/Dose	Site, Lot, Exp, Dose	Provider's Printed Name, Signature, Title,	Time	Date
____-Pfizer(COMIRNATY)-BioNTech IM, 0.3 ml ____-Pfizer (Ages 5-11),IM 0.2 ml ____-ModernaTX, Inc. IM, 0.5 ml ____-ModernaTX, Inc. IM, 0.25 ml (Booster) ____-Johnson & Johnson, IM, 0.5ml	_____Left _____Right _____Deltoid _____Anterolateral Thigh _____Lot _____Exp _____ Dose #			