2021-2022 COVID-19 Vaccine CONSENT FORM

Information about person to be vaccinated (please print)

Last Name:_____ First Name _____

Age _____ Birth date: Mo. _____ Day _____ Year._____

Sex: _____ Male ____Female Phone Number:_____

Race

____ White/Caucasian
____ Asian
____ Black/African American
____ American Indian/Alaskan Native
____ Other

Ethnicity

____ Non-Hispanic
____ Hispanic

Mailing Address _____ _____ _____

City _____ **Zip** _____

For child or adolescent under 18: (Please Print)

Parent's Name:_____

Clinic Information

Vaccine

____ **Moderna - 1st Dose**

____ **Moderna - 2nd Dose**

____ **Janssen**

The South Dakota Immunization Information System (SDIIS) is an automated system to document vaccinations given in South Dakota. SDIIS will give parents access to their child's immunization record from any participating South Dakota provider. SDIIS also allows providers to send reminder notices regarding needed immunizations. Health care providers, health care facilities, federal or state agencies, welfare agencies, school or family day care facilities may have access to this information in accordance with applicable HIPAA Privacy Act standards and requirements. Immunization records remain confidential, and any person who fails to protect this information is guilty of a Class 1 misdemeanor. COVID-19 Vaccinations will be entered into this system.

* I have been provided a copy of and have read or have had explained to me the Emergency Use Authorization Fact Sheet for the COVID-19 vaccine I have elected to receive. I have had the chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine and ask that the vaccine be given to me or to the person named above for whom I am authorized to make this request.
* I acknowledge that I have been advised to remain in the immediate area for approximately 15 minutes (or more in specific cases) after vaccination for observation.

Signature _____ **Date** _____

ATTACH SEPARATE PREVACCINATION CHECKLIST

for office use only

	DOSE No. Circle	Date	Vaccine Manufacturer (Circle)	Vaccine Lot Number & Expiration Date	Dose (Circle)	IM Site (Circle)	Date of EAU Fact Sheet (Circle)	Printed Name, and Full Signature and Title of Vaccinator.
COVID-19	1 2	TIME	Moderna		0.5 mL	L R Deltoid	08/27/21	PRINT: SIGN:

Abbreviation Key: **mL -** milliliter **IM** - Intramuscular **L** - Left **R** - Right

09/21/2021