

# COVID-19 23/24 Formula Consent Form – 20023/2024

**Section 1: Patient Information (please print and complete every section)**

Patient Name (Last)		(First)	(M.I.)	Patient DOB:	
Parent/Guardian Name (Last)		(First)	(M.I.)	Patient Age:	Pinon PCP:
Address			Patient/Guardian phone #		
City	CO	Zip			
Name of medical insurance to be billed: <i>(must be completed even if we have your info on file)</i>				Did you leave a copy for our file? Y / N	

**Section 2: Screening for Vaccine Eligibility**

The following questions will help us to know if you can get the COVID19 vaccine. Answering “yes” does not prevent you from being vaccinated, it means additional questions will be asked. **Please mark YES or NO for each question.**

	YES	NO
1. How many doses of any COVID19 vaccine has patient received to date? Select below 0      1      2      3      4		
2. Have you had a severe reaction to any vaccine or injectable therapy?		
3. Is patient currently ill or have a fever?		
4. Has patient ever had a serious reaction to a previous dose of COVID a vaccine?		
5. Does patient have a history of myocarditis or pericarditis?		
6. Was patients last COVID19 vaccination less than 8 weeks from today?		
7. Was patients last COVID19 vaccine either Comirnaty or Spikevax 23/24 formula?		

**Section 3: Consent**

**CONSENT FOR VACCINATION:**

By signing below, I consent to Pinon Family Practice administering the current vaccinations to me/my dependent. In addition, I read or have had explained to me and understand the Vaccine Information Statement(s) for the vaccine(s) that PFP is administering today. I have read and understand PFP Financial Policy and agree to all terms within. I understand that PFP will bill my insurance and I accept full financial responsibility if not paid/covered by my insurance.

Signature of Patient/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**FOR ADMINISTRATIVE USE ONLY**

Vaccine	Route	Date Dose Administered	Vaccine Site (RT/LT) (Arm/Thigh)	Temp	Lot Number / Exp Manufacturer – Sanofi	Name and Title of Vaccine Administrator – pertinent positives verified.
<b>COVID 12+</b> Comirnaty 23/24 formula .3 ml - SDV	IM	/ /			LOT: HD9835 EXP: 10/2024	
<b>COVID 6mo-4yr</b> Pfizer 23/24 formula .3ml – 3DV (DILUTE)	IM	/ /			LOT: HH3252 EXP: 7/2024	
<b>COVID 5yr-11yr</b> Pfizer 23/24 formula .3ml – SDV	IM	/ /			LOT: HE2391 EXP: 4/2024	