

Informed Consent for Vaccination Administration

Personal Information

Full Name

Date of Birth

Contact Information

Email Address

Vaccination Details

Vaccine Name

Dose Number

Date of Administration

Screening Questions

- ☐ I have received and read information about the vaccine.
- ☐ I have had the opportunity to ask questions, which were answered to my satisfaction.
- ☐ I understand the benefits and risks of vaccination.
- ☐ I have informed the provider of my medical history, allergies, and current health status.

Additional Notes

Date

Signature of Patient/Guardian