



# CAMERON COUNTY PUBLIC HEALTH

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## COVID-19 Vaccine Consent

First Dose                       Second Dose

Type of vaccine for the first dose: Moderna      Date first dose received: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Email: \_\_\_\_\_ Gender:  Male  Female Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Mother's First Name \_\_\_\_\_

If you had a severe allergic reaction to the first dose, tell your vaccine administrator and **DO NOT TAKE THE SECOND DOSE.**

White  Asian  Hispanic/Latino  Black/African American  American Indian/Alaskan Native  Native Hawaiian/Pacific Islander  Two or More Races

Coronavirus Disease 2019 (COVID-19) is an infectious disease caused by the novel coronavirus, SARS-CoV-2, that appeared in late 2019. It is predominantly a respiratory illness that can affect other organs. People with COVID-19 have reported a wide range of symptoms, ranging from mild symptoms to severe illness.

Symptoms may appear 2 to 14 days after exposure to the virus. Symptoms may include: fever or chills, cough, shortness of breath, fatigue muscle or body aches, headache, loss of taste or smell, sore throat, congestion, or runny nose, nausea or vomiting, and diarrhea.

**You should not get this vaccine if you:**

- had a severe allergic reaction after a previous dose of this vaccine
- had a severe allergic reaction to any ingredient of this vaccine

**Talk to your doctor about whether you should receive the COVID-19 vaccine if you have any of the following:**

- have any allergies
- have a fever
- have a bleeding disorder or are on a blood thinner
- are immunocompromised or are on medicine that affects your immune system
- are breastfeeding
- are pregnant or plan to become pregnant
- have received another COVID-19 vaccine

Serious, unexpected and unknown adverse events could occur from receiving the COVID-19 vaccine. The EUA states the following have been reported: injection site pain, tiredness, headache, muscle pain, chills, joint pain, fever, injection site redness, nausea, feeling unwell and swollen lymph nodes (lymphadenopathy). There is a remote chance that the COVID-19 Vaccine could cause a severe allergic reaction. A severe allergic reaction would usually occur within a few minutes to one hour after getting a dose of the COVID-19 Vaccine.

If after vaccination you experience any complications that may be related to the COVID-19 Vaccine, contact your doctor and vaccine administrator.

- I have read and understand this COVID-19 Vaccine Consent Form.
- I have received, read and understand the Emergency Use Authorization Fact Sheet for Recipients.
- I have had the opportunity to discuss my concerns with my doctor.
- The administration of the vaccine does not create a patient provider relationship between administrator and recipient.
- I understand the risks and benefits of the COVID-19 vaccine.
- I am 18 years of age or older.
- I did not have a severe allergic reaction after a previous dose of any COVID-19 vaccine.
- I do not have a severe allergy to any part of this vaccine.
- I understand that my information and vaccination status will be reported to the state.
- I freely and voluntarily request to receive the COVID-19 vaccine.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>To be completed by Cameron County Public Health Department:</b>		
Manufacturer: _____	Lot #: _____	Exp. Date: _____
Route <u>IM</u> (circle one) Left Deltoid    Right Deltoid	Date/Time Vaccine Given: _____	
Printed Name of Vaccine Administrator _____		