



CAMERON COUNTY PUBLIC HEALTH

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COVID-19 VACCINATION CONSENT FORM

First Name (Print)		Last Name		M.I.	Date of Birth	Age
Address				City		State ZIP
Phone Number	<input type="checkbox"/> Male <input type="checkbox"/> Female	Mother's Name				
Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American	<input type="checkbox"/> White <input type="checkbox"/> Other	Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> I do not wish to disclose

CONSENT FOR VACCINATION

I am 18 years of age or older. I've had the opportunity to discuss my concerns with my doctor. If I experience any adverse effects after leaving, I will notify my primary care provider and administrator. I have reviewed the Emergency Use Authorization face sheet provided to me today. The administration of this vaccine does not create a patient provider relationship between administrator and recipient. I understand that my information and vaccination status will be reported to the state. I understand the benefits and risks of the vaccine and freely and voluntarily request to receive the COVID-19 vaccine.

Signature of Parent

Guardian / Patient: X

Date: _____

FOR ADMINISTRATIVE USE ONLY:

Manufacturer: Moderna	Exp. Date:	Route IM: <input type="checkbox"/> Right Deltoid <input type="checkbox"/> Left Deltoid	Time/Date Vaccine Given:
Lot #:			Signature of Vaccine Administrator:



TEXAS
Health and Human
Services

Texas Department of State
Health Services

ImmTrac2 Immunization Registry

DISASTER INFORMATION RETENTION CONSENT FORM

ImmTrac2, the Texas immunization registry, has been designated as the disaster-related reporting and tracking system for immunizations, antivirals, and other medications administered to individuals in preparation for, or in response to, a disaster or public health emergency. From the time the event is declared over, ImmTrac2 will retain disaster-related information received from health-care providers for a period of 5 years. At the end of the 5 year retention period, client-specific disaster-related information will be removed from the Registry unless consent is granted to retain the client information in ImmTrac2 beyond the 5 year retention period.

Consent for Retention of Disaster-Related Information and Release of Information to Authorized Entities

I understand that, by granting the consent below, I am authorizing retention of my (or my child's) disaster-related information by DSHS beyond the 5 year retention period. I further understand that DSHS will include this information in the state's central immunization registry ("ImmTrac2"). Once in ImmTrac2, my (or my child's) disaster-related information may by law be accessed by:

- a state agency, for the purpose of aiding and coordinating communicable disease prevention and control efforts, and / or
- a physician or other health-care provider legally authorized to administer immunizations, antivirals, and other medications, for treating the client as a patient;

I understand that I may withdraw this consent to retain information in the ImmTrac2 Registry beyond the 5 year retention period and my consent to release information from the Registry, at any time by written communication to the Texas Department of State Health Services, ImmTrac2 Group – MC 1946, P. O. Box 149347, Austin, Texas 78714-9347.

By my signature below, I GRANT consent to retain my disaster-related information (or my child's information if younger than age 18) in the Texas immunization registry beyond the 5 year retention period. Client (or parent, legal guardian, or managing conservator):

Printed Name: _____

Signature: X

Date: _____

Privacy Notification: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.texas.gov> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, and 559.004)