



"Patient Care Sets Us Apart"

2020-21 COVID-19 VACCINE CONSENT FORM

All information below is needed to enter your vaccination into the SC Immunization Registry. Your doctor will also be notified via fax, as required by law.

Form fields for Name (PLEASE PRINT), Date of Birth (must be >= age 18), Sex (circle M F), Address, City, State, Zip, County, Telephone, Physician Name, Practice Name, Physician Phone, Physician Fax (if known). Includes Ethnicity and Race checkboxes.

Covid-19 Vaccine Information

The Janssen Covid-19 Vaccine includes the following ingredients: recombinant, replication-incompetent adenovirus type 26 expressing the SARS-CoV-2 spike protein, citric acid monohydrate, trisodium citrate dihydrate, ethanol, 2-hydroxypropyl-B-cyclodextrin (HBCD), polysorbate-80, sodium chloride.

Safety Questionnaire before Receiving covid-19 Vaccine

Circle One

Table with 10 rows of safety questions and YES/NO columns. Questions include: Are you sick today?, Have you ever received a dose of COVID-19 vaccine?, Have you ever had a severe allergic reaction?, etc.

This pharmacy is providing necessary vaccines to you in a safe and convenient setting in order to promote adherence to current immunization guidelines recommended by the CDC and ACIP. It does not take the place of an ongoing relationship with your primary care provider to address ongoing medical issues and other types of preventive care.

I have read, or had explained to me, the CDC Vaccine Information Statement for Covid-19 vaccine. I understand the risks and benefits. I have been provided an opportunity to ask questions and they have been answered to my satisfaction. I wish to receive the Covid-19 vaccine and hereby give consent for a LoRex Drugs Pharmacist to administer the COVID-19 vaccine.

Signature _____ Date _____ / ____ / 2021

NOTE: IT IS IMPORTANT TO VISIT YOUR PHYSICIAN REGULARLY TO RECEIVE OTHER PREVENTIVE MEDICAL SERVICES.

Table for pharmacy completion: To be completed by Pharmacy. Includes Lot (213D21A), Expiration Date (04/11/2022), Site (R L Deltoid), Signature of Administering Clinician, and checkboxes for Candace C. Frick, PharmD and Heather C. Harris, PharmD.