COVID-19 Consent Form

Ross County Health District
150 E. Second Street, Chillicothe, Ohio 45601

Person Receiving Vaccine Demographic Information

Last Name	First Name	Middle Name
Date of Birth	Age	Email
Sex Male ☐ Female ☐ Prefer Not to Say ☐	Other:	Phone #
Street Address	City State Zip	
Primary Language ☐ English ☐ Other:	Race ☐ White ☐ Asain ☐ Black/African American ☐ Native American/Alaskan Native ☐ Other	Ethnicity ☐ Hispanic ☐ Non Hispanic

Please answer the questions below for the person receiving the vaccine.

	Question	Yes	No
1.	Are you feeling sick today?	▪	▪
2.	Do you have any allergies (food, latex, medications)?	▪	▪
3.	Have you ever had a severe allergic reaction to something? (Ex. You had to be treated with an epinephrine, EpiPen or had to go to the hospital)	▪	▪
4.	Have you ever had a severe allergic reaction to another vaccine or an injectable therapy?	▪	▪
5.	Have you ever received a dose of COVID-19 vaccine? Which product: ________________	▪	▪
6.	Have you received another vaccine in the last 14 days?	▪	▪
7.	Have you received passive antibody therapy for COVID-19 in the past 90 days?	▪	▪
8.	Do you have a bleeding disorder or are you taking a blood thinner?	▪	▪
9.	Have you ever had Guillain-Barré syndrome?	▪	▪
10.	For women: Are you pregnant or is there a chance that you could be pregnant?	▪	▪
11.	For women: Are you breastfeeding?	▪	▪

Assessment Notes: ____

ACKNOWLEDGEMENT, AUTHORIZATION & ASSIGNMENT OF BENEFITS, NOTICE, RELEASE AND WAIVER OF LIABILITY

I acknowledge that I have been offered a copy of the Ross County Health District's (RCHDs) Notice of Privacy Practices. A copy of the Emergency Use Authorization (EUA) has been provided. I have read, or have had explained, the information about the disease(s) and vaccine(s) listed. I had an opportunity to ask questions and believe that I understand the benefits of the vaccine(s). I consent to the administration of the vaccines listed to be given to the person named above and I am authorized to give this consent. I agree to the electronic transmission of immunizations and other information on this form to the Ohio Department of Health's Immunization Registry. I authorize the RCHD to release service related information regarding the above mentioned person to third party payers of bill for service(s) rendered to me. I request my payer pay the RCHD directly for services rendered to me.

In consideration of Ross County District Board of Health's provision of services, I, the undersigned, agree for myself, my heirs, executors, administrators, personal representatives, and assigns, to release and hold harmless Ross County District Board of Health, its officers, agents, independent contractors, and/or employees (collectively, "RCHD") from any liability which may arise out my election to receive services from RCHD. I assume all risks of harm, injury, illness and damage associated with my permission to receive services from RCHD.

I HAVE READ THE ABOVE AND VOLUNTARILY AGREE TO THE TERMS SET FORTH:

____ ____________________

SIGNATURE OF CLIENT or Person Authorized to Sign on the Client's Behalf **DATE**

OFFICE USE ONLY

Admin Site	Vaccine	Lot Number	Mfr.	Fact Sheet Date	Route	Amount
RD / LD	COVID-19		Janssen	2/27/2021	IM	0.5ml
RD / LD	COVID-19		Pfizer	1/25/2021	IM	0.3ml
RD / LD	COVID-19		Moderna	12/20/20	IM	0.5ml

Nursing and/or Staff Assessment/Teaching/Vaccine Administration:

Signature: ____________________ Date: ____________________ Time: ____________

Ohio | Department of Health

Population/Occupation Data Checklist for COVID-19 Vaccine Recipients

Purpose: This checklist will be used to collect population and occupation information for COVID-19 vaccine recipients.

SECTION 1: INFORMATION ABOUT VACCINE RECIPIENT (PLEASE PRINT)

VACCINE RECIPIENT'S NAME	(First)	(M.I.)	(Last)
DATE OF BIRTH	(Month)	(Day)	(Year)

SECTION 2: INFORMATION ABOUT POPULATION AND/OR OCCUPATION

Instructions: Please **check only one box** in the section below. Please select the **primary reason** you are receiving the COVID-19 vaccine.

TARGET POPULATION/OCCUPATION

Phase 1A

- ☐ Assisted Living Facility – Resident
- ☐ Assisted Living Facility – Staff
- ☐ Skilled Nursing Facility (RCF) – Resident
- ☐ Skilled Nursing Facility (RCF) – Staff
- ☐ State of Ohio Dept. of Dev. Disabilities (DODD) – Resident
- ☐ State of Ohio Dept. of Dev. Disabilities (DODD) – Staff
- ☐ State of Ohio Veterans Home – Resident
- ☐ State of Ohio Veterans Home – Staff
- ☐ State of Ohio Mental Health/Addiction Services (MHAS) – Resident
- ☐ State of Ohio Mental Health and Addiction Services (MHAS) – Staff
- ☐ State of Ohio Dept. of Rehabilitation & Correction – LTC residents
- ☐ State of Ohio Dept. of Rehabilitation & Correction – LTC staff
- ☐ Congregate Care Facility – Resident
- ☐ Congregate Care Facility – Staff
- ☐ Hospital worker – Clinical Staff
- ☐ Hospital worker – Administrative Staff
- ☐ Hospital worker – Ancillary Staff
- ☐ Non-Hospital healthcare worker – Administrative Staff

Phase 1A (Continued)

- ☐ Non-Hospital healthcare worker – Ancillary Staff
- ☐ Non-Hospital healthcare worker – Clinical Staff
- ☐ Emergency Medical Services (EMTs/Paramedics)

Phase 1B

- ☐ Individuals over 80 years of age
- ☐ Individuals age 75 to 79 years of age
- ☐ Individuals age 70 to 74 years of age
- ☐ Individuals age 65 to 69 years of age
- ☐ Individuals with Congenital Disorders or Early Onset Conditions with IDD
- ☐ Individuals working in K-12 schools
- ☐ Individuals with Congenital Disorders or Early in Life Conditions that Carried into Adulthood without IDD

Phase 1C

- ☐ Diabetes Type 1
- ☐ Pregnant
- ☐ Bone Marrow Transplant Recipients
- ☐ ALS
- ☐ Childcare Services Worker
- ☐ Funeral Services Worker
- ☐ Law Enforcement, Corrections, Firefighter

Phase 1D

- ☐ Diabetes Type 2
- ☐ End Stage Renal Disease

Phase 1E

- ☐ Cancer
- ☐ Chronic Kidney Disease
- ☐ Chronic Obstructive Pulmonary Disease
- ☐ Heart Disease
- ☐ Obesity

Phase 2A

- ☐ Individuals age 60 to 64 years of age

Phase 2B

- ☐ Individuals age 50 to 59 years of age

Phase 2C

- ☐ Individuals age 40 to 49 years of age

Phase 2D

- ☐ Individuals age 16 to 39 years of age

Revised 3/16/21