

Choptank Community Health CONSENT for COVID Vaccine



Consent for COVID Vaccination(s)

You must sign below for you/your family to be vaccinated.

Pfizer (Two-dose vaccination)

In signing this form, I give permission for me and my family/child to be vaccinated by a Choptank Community Health Systems provider, and the vaccination to be entered into ImmuNet, Maryland's immunization registry.

Further, I agree that:

- (1) The information provided during registration is correct.
- (2) I have read the EUA Fact Sheet provided.
- (3) I understand the risks and benefits of getting the vaccine(s) and consent for me and/or my family/child to be vaccinated.

Patient/Child Name

Patient/Child Signature

Parent/Guardian Name

Parent/Guardian Signature

Date

COVID Vaccination Registration



*Required Information

*First Name:

*Last Name:

*Date of Birth

*Gender (circle one):

MALE

FEMALE

*Address

Street

City

State

Zip

*Phone Number

Mother's First Name

Mother's Maiden Name