

COVID-19 Vaccine Consent

By signing this form for myself or on behalf of another, I agree to be vaccinated with the COVID-19 vaccine and acknowledge that my vaccination information will be entered into ImmuNet, Maryland's immunization registry.

Further, I agree that:

1. The information I provided at registration was accurate
2. I have read the vaccine Emergency Use Agreement (EUA) Fact Sheet that was provided
3. Any questions I had about the COVID-19 vaccine have been answered.
4. I understand the risks and benefits of receiving the COVID-19 vaccine and consent to receiving the vaccine

Patient Name

Date of Birth

Signature of Patient (Print Name) Date Time

Signature of Authorized Patient Representative (Print Name) Date Time

(Relationship to Patient)

