

COVID-19 Vaccine Consent Form

This **COVID-19 vaccine consent form** sample template ensures clear communication between healthcare providers and patients by outlining essential information about the vaccination process. It helps confirm informed consent by detailing possible risks, benefits, and post-vaccine instructions. Utilizing this template improves documentation accuracy and supports patient safety during immunization.

Patient Information

Full Name:

Date of Birth:

Contact Number:

Address:

Medical History

Have you ever had a severe allergic reaction (anaphylaxis)?

☐ Yes ☐ No

Are you currently sick or experiencing any COVID-19 symptoms?

☐ Yes ☐ No

Current Medications (if any):

Vaccine Information and Consent

I have read or had explained to me information about the COVID-19 vaccine. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and potential risks of this vaccine as described to me. I understand that I should remain in the vaccination area for 15 minutes after receiving the vaccine.

☐ I consent to receive the COVID-19 vaccine.

Date:

Signature:

Submit