

Booster Shot Vaccine Consent Form (Adults)

This **booster shot vaccine consent form** sample for adults ensures a clear and informed agreement before receiving additional vaccine doses. It outlines essential information about the booster vaccination, including potential benefits and risks. This document helps protect both healthcare providers and recipients by formalizing consent.

Personal Information

Full Name:

Date of Birth:

Phone Number:

Address:

Medical History

Do you have any allergies or reactions to vaccines or medications?

Are you currently experiencing any illness or fever?

Have you received previous doses of this vaccine?

Information & Risks

I have read, or have had explained to me, information about the vaccine booster dose, including its purpose, known benefits, and possible risks or side effects. I have had the opportunity to ask questions, which were answered to my satisfaction. I am aware that receiving a booster shot is voluntary.

Consent Agreement

I voluntarily consent to receive the booster dose of the vaccine.

I authorize the sharing of my vaccination information with relevant public health authorities.

Signature of Recipient:

Date:

Healthcare Provider (Name & Signature):

Date:

This form is a sample document for informational purposes. Please use as per local policies and regulations.