



COVID-19 VACCINATION ADMISSION CONSENT

Resident's Name: _____

Date of Admission: _____

COVID-19 VACCINATION HISTORY

	DATE OF DOSE #1	DATE OF DOSE#2	DATE OF BOOSTER #1	DATE OF BOOSTER #2	DATE OF BOOSTER #3
PFIZER					
MODERNA					
J&J		N/A			
OTHER:					

- 1) We will need a copy of your vaccination card for our records. Do you have your vaccination history/card with you?
_____ YES _____ NO

- 2) If you are not vaccinated, and/or only partially vaccinated, do you consent to be vaccinated at Leisure Chateau?
_____ YES _____ NO

- 3) Are you interested in receiving additional doses of the vaccination when your immunization administration history allows and approved by your physician?
_____ YES _____ NO

- 4) Does your booster vaccine history include the **Bivalent booster**?
_____ YES _____ NO

**IF YES, PLEASE PROVIDE DATE: _____

I have been given, and have read, or have had explained to me, the information in the "FACT SHEET FOR RECIPIENTS AND CAREGIVERS" <https://www.cdc.gov/vaccines/covid-19/eua/index.html>

I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine requested and ask that the vaccine be given to me, or the person named, for whom I am authorized to make this request. In doing so I relinquish the nursing home of any untoward effects that administration of the vaccine might cause.

(Resident/Responsible Party)

(Date)