

ADHS COVID-19 Vaccine Consent Form

Use this form in conjunction with the [CDC Pre-Vaccination Checklist for COVID-19 Vaccines](#).



ARIZONA DEPARTMENT
OF HEALTH SERVICES

PREPAREDNESS

Patient Information

Last Name First Name Middle Name (optional)

Mother's Maiden Name (Optional) Date of Birth (MM/DD/YYYY) Gender

Address Apartment Number City State Zip

No address available

Phone Number SSN or Driver's License/State ID Number

Insurance Information

Do you have insurance? Yes No Medicare ID Number or SSN

Plan Name Plan Group ID # Plan Individual ID #

Name of Person Covered By Plan Covered Person's Date of Birth Plan Responsible Person Name

Private Insurance Address and Phone Number (If Available)

ASSIGNMENT OF BENEFITS: I hereby assign to _____ any insurance or other third-party benefits available for the administration fee of the COVID-19 vaccine provided to me. I agree to forward to _____ all health insurance and other third-party payments I receive for services rendered to me immediately upon receipt. I agree to allow the health care provider to release information to the Arizona State Immunization Information System (ASIS) to record that I (or for the person for whom I am authorized to consent) have received this COVID-19 vaccine. This information will help keep track of the manufacturer and doses of the vaccine. I have had a copy of the Emergency Use Authorization for the COVID-19 vaccine made available to me. I have had a chance to ask questions and I believe I understand the benefits and risks of the COVID-19 vaccines requested. I ask that the vaccines be administered to me or the person for whom I am authorized to make this request.

Patient Printed Name Patient Signature Date Signed

Authorized Person's Printed Name (if applicable) Authorized Person's Signature Date Signed

Vaccine Administration Information for Immunizer Use Only

Administration Date Manufacturer NDC #
021C21A 10/21/2021 IM LEFT ARM RIGHT ARM

Lot Number Expiration Date Route Site

Administering Immunizer Name and Title Administering Immunizer Signature

Is this the patient's first or second dose? First Second