

## YOUNG PERSON COVID-19 VACCINE CONSENT

See Vaccine Specific Age Requirements ([saskatchewan.ca](http://saskatchewan.ca) 2021)

Section 1: Client Information		
Last Name	First Name	Unit
Health Services Number	Birthdate (MM/DD/YYYY) Age: _____	Custody Facility: <input type="checkbox"/> KHYC <input type="checkbox"/> PAYR <input type="checkbox"/> PDYC <input type="checkbox"/> DHYC
Section 2: Vaccine Screening Questions: *additional written consent form required for 3,7,8.		
<input type="checkbox"/> <a href="#">COVID-19 Screening Questions</a> completed with substitute decision-maker or physician <b>*Refer to Saskatchewan Health Authority Vaccine Specific Screening Questionnaires.</b> <b>Complete Nurse Screening Tool for COVID-19 symptoms and whether previously vaccinated for COVID-19.</b> 1. Does this person have severe allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes – describe: _____ 2. Has this person reacted to previous vaccines? <input type="checkbox"/> No <input type="checkbox"/> Yes – describe: _____ *3. Is this person <a href="#">immune compromised</a> or have an <a href="#">autoimmune condition</a> ? <input type="checkbox"/> No <input type="checkbox"/> Yes _____ 4. Is this person on any medication? <input type="checkbox"/> No <input type="checkbox"/> Yes – list _____ 5. Has this person received previous vaccines in the last 14 days? <input type="checkbox"/> No <input type="checkbox"/> Yes _____ 6. Does this person have any bleeding disorders? <input type="checkbox"/> No <input type="checkbox"/> Yes – describe: _____ *7. Is this person <a href="#">pregnant</a> ? <input type="checkbox"/> No <input type="checkbox"/> Yes _____ *8. Is this person <a href="#">breastfeeding</a> ? <input type="checkbox"/> No <input type="checkbox"/> Yes _____		
Section 3: Consent for Immunization: (Facility Youth Worker to complete)		
I have read the <a href="#">COVID-19 information sheet(s)</a> . I am aware that the Saskatchewan Health Authority and/or The Ministry of Corrections, Policing and Public Safety may access immunization records from the provincial electronic immunization registry (Panorama) to determine the need for immunization. I am aware that immunizations and health related information will be documented in Panorama and may be shared with health care professionals to provide public health services, assist with diagnosis and treatment, discharge planning and to control the spread of vaccine preventable diseases.		
Facility Youth Worker (print): _____		
I consent for the person named to receive the COVID-19 Vaccine: Signature: _____ Date (MM/DD/YYYY): _____		
Section 4: Young Person Consent:		
I have received information about the vaccine, including a handout, and my questions have been answered. I consent to receive the COVID-19 Vaccine. <input type="checkbox"/>		
Young Person Signature: _____ Date (MM/DD/YYYY): _____		
Health Care Provider Name (print): _____ Signature: _____ Date (MM/DD/YYYY): _____ Lot# _____ Injection Site: _____		
Witness Name _____ Signature _____ Date _____ (Witness name and signature if client refuses to sign or consent)		