ADULT COVID-19 VACCINE CONSENT

Section 1: Client Information		
Last Name	First Name	Unit
Health Services Number	Birthdate (MM/DD/YYYY) Age:_____	Custody Facility: ☐ PACC ☐ PGCC ☐ RCC ☐ SCC ☐ _____

Section 2: Vaccine Screening Questions: *additional written consent form required for 3,7,8.

☐ COVID-19 Screening Questions – ***Refer to Saskatchewan Health Authority Vaccine Specific Screening Questionnaires** Refer to saskatchewan.ca/COVID-19 for more information.

Complete Nurse Screening Tool for COVID-19 symptoms and whether previously vaccinated for COVID-19.

1. Does this person have severe allergies? ☐ No ☐ Yes – describe: _____
2. Has this person reacted to previous vaccines? ☐ No ☐ Yes – describe: _____
*3. Is this person immune compromised or have an autoimmune condition? ☐ No ☐ Yes _____
4. Is this person on any medication? ☐ No ☐ Yes – list _____
5. Has this person received previous vaccines in the last 14 days? ☐ No ☐ Yes _____
6. Does this person have any bleeding disorders? ☐ No ☐ Yes – describe: _____
*7. Is this person pregnant? ☐ No ☐ Yes _____
*8. Is this person breastfeeding? ☐ No ☐ Yes _____

Section 3: Consent for Immunization

I have read the information in the immunization fact sheet(s). I am aware that the Saskatchewan Health Authority and 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 COVID-19.

I consent to receive the COVID-19 Vaccine. ☐

Client 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)