

## ADULTS WITH BARRIER TO CONSENT FOR COVID-19 VACCINE

*This form is to be used only for persons 18 years and older who are unable to understand and/or sign for their own medical services and have a legal substitute decision-maker.*

<b>Section 1: Client Information</b>		
Last Name	First Name	Unit
Health Services Number	Birthdate (MM/DD/YYYY) Age: _____	Custody Facility: <input type="checkbox"/> PACC <input type="checkbox"/> PGCC <input type="checkbox"/> RCC <input type="checkbox"/> SCC <input type="checkbox"/> _____
<b>Section 2: Vaccine Screening Questions: (Substitute Decision-Maker or Physician to complete)</b>		
<b>*additional written consent form required for 3,7,8.</b>		
<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 _____		
<b>Section 3: Consent for Immunization: (Substitute Decision-Maker or Physician to complete)</b>		
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.		
Name of Substitute Decision Maker or Physician:		
Relationship to Client	Phone Number:	
I consent for the person named to receive the COVID-19 Vaccine:		
Signature: _____		Date (MM/DD/YYYY): _____
Health Care Provider Name (print): _____		
Signature: _____		Date (MM/DD/YYYY): _____
Lot# _____ Injection Site: _____		
<b>Section 4: Telephone Consent (Health Care Provider to complete, if applicable)</b>		
Health Care Provider to obtain consent per Chapter 3 of the Saskatchewan Immunization Manual (SIM), including as it relates to Panorama under Section 3 above. Complete section 3 first – signature below of person obtaining and telephone consent from substitute decision maker identified in section 3.		
Name of Health Care Provider (print):	Health Care Provider Signature:	Date (MM/DD/YYYY):