

COVID-19 Vaccine Consent Form



Sections A, B, C, D and E completed by:

Client Parent Legal decision maker Other _____ (on behalf of client)

A. Client Information - please print

Surname _____ Given Names _____
Address of residence _____ City/Town _____ Postal Code _____
Phone Number _____ Email _____
Sex Male / Female / X Date of Birth (yyyy/mm/dd) _____ / _____ / _____
Manitoba Health Number (6 digits) _____ Personal Health Information Number (9 digits) _____
Name of school _____ City/Town _____ Grade _____

B. Health History of Client

1. Do you have a fever or other symptoms that could be due to COVID-19? Yes No
If yes, describe _____
2. Do you have any known or suspected allergies (examples: food, medications, environmental)? Yes No
If yes, describe _____
3. Do you have a known or suspected allergy to polyethylene glycol (PEG), polysorbate 80 or tromethamine? Yes No
4. Have you ever had a serious reaction or condition following any vaccine? Yes No
If yes, describe _____
5. Do you have any medical conditions that require regular visits to a doctor? Yes No
If yes, please discuss with immunizer _____
6. Have you received a vaccine in the last 14 days? Yes No
7. Are you taking any medication that affects blood clotting? Yes No
If yes, please list _____
8. Are you pregnant, planning to become pregnant or breastfeeding? Yes No
9. Is your immune system suppressed due to disease (e.g., leukemia) or treatment (e.g., high-dose steroids)? Yes No
10. Do you have an autoimmune condition (e.g., Rheumatoid Arthritis, Multiple Sclerosis)? Yes No
11. Do you have a history of venous sinus thrombosis in the brain or a history of heparin-induced thrombocytopenia (HIT)? Yes No
12. Have you received any doses of a COVID-19 vaccine? Yes No If yes, how many? _____
13. Have you had a confirmed COVID-19 infection? Yes No If yes, when? _____
14. Have you received a monoclonal antibody treatment (e.g., Sotrovimab, Casirivimab, Imdevimab) for a COVID-19 infection in the last 90 days? Yes No

C. Racial, Ethnic or Indigenous Identity

Public health has been collecting information about the racial, ethnic, Indigenous identity of individuals who are diagnosed with COVID-19 since May 2020. The following questions will help assess vaccine coverage and determine the need for increased vaccine accessibility in different communities. We recognize that this list of racial or ethnic identifiers may not exactly match how you would describe yourself. Keeping that in mind, which of the following best describes the racial or ethnic community that you belong to?

African Black Chinese Filipino Latin American North American Indigenous – that is, First Nations, Metis or Inuit
 South Asian Southeast Asian White Other _____ Prefer not to answer

If you identified as North American Indigenous, do you identify as: First Nations Metis Inuit Not Applicable

D. Informed consent – Consult immunizer if no signature can be obtained

I have read and understood the fact sheet(s) regarding the risks and benefits of the vaccine that I am consenting be administered to the above named person as per section A. My consent applies to all doses of the vaccine necessary to complete the series up to one year. I have had the opportunity to ask questions about the vaccine(s) which were answered to my satisfaction.

Complete ONLY ONE of the following two options:

1. Consent by legal decision maker

I consent to the above named person receiving the COVID-19 vaccine.

Name _____

Relationship _____

Phone number _____

Date (yyyy/mm/dd) _____

Signature _____

2. Consent by client

I consent to receiving the COVID-19 vaccine.

Date (yyyy/mm/dd) _____

Signature _____

E. Consent for use and disclosure of contact information

I understand and authorize the Department of Health and Seniors Care's use and disclosure of the contact information provided by me on this form to a third party organization for the sole purpose of contacting me to schedule my appointment for the second dose of the vaccine.

Date _____

Signature _____

