

# COVID-19 Standard Immunization Consent Form



Region \_\_\_\_\_ Clinic Location \_\_\_\_\_ Date \_\_\_\_\_

## SECTIONS A, B, C AND D 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 \_\_\_\_\_ Date of Birth (yyyy/mm/dd) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Sex Male  / Female  / Intersex  / Unknown

Manitoba Health Number (6 digits) \_\_\_\_\_ Personal Health Information Number (9 digits) \_\_\_\_\_

### 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) or polysorbate?  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 \_\_\_\_\_

*If you answer yes to questions 8, 9 or 10, you must also complete a "COVID-19 Immunization Enhanced Consent Form" that will be provided to you at the immunization clinic or by your health care provider prior to your appointment. It is also available online at [manitoba.ca/covid19/vaccine/index.html](http://manitoba.ca/covid19/vaccine/index.html).*

8. Are you pregnant, planning to become pregnant or breastfeeding?  Yes  No
9. Is your immune system suppressed due to disease (e.g., cancer) or treatment (e.g., high-dose steroids)?  Yes  No
10. Do you have an autoimmune condition (e.g., Rheumatoid Arthritis, Multiple Sclerosis)?  Yes  No

### C. Reason for Immunization – Please check the first reason that applies (Check ONLY the first box that applies)

1.  Health care worker (includes all settings)
2.  Personal care home resident
3.  Other congregate living (includes residents, non-health care staff, visitors, volunteers)
4.  Community with disproportionate disease impact
5.  Routine (age)

### D. Informed Consent – Consult immunization provider if no signature can be obtained

I have read and understood the fact sheet(s) regarding the vaccine(s) that I am consenting be administered to the above named person as indicated below. My consent applies to all doses of the vaccine necessary to complete the series. 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 COVID-19 vaccine.

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone number \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

#### 2. Consent by client

I consent to receiving COVID-19 vaccine.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Notice: Information about the immunizations you or your dependent(s) receive may be recorded in the provincial immunization registry. This registry allows your health care providers to find out what immunizations you or your dependent(s) have had or need to have. Information collected in the provincial immunization registry may be used to produce immunization records, or notify you or your doctor if a particular immunization has been missed. Manitoba Health, Seniors and Active Living may use the information to monitor how well different vaccines work in preventing disease. The Personal Health Information Act protects your information. You can have your personal health information hidden from view from health care providers. For more information, please contact your local public health office to speak with a public health nurse [www.manitoba.ca/health/publichealth/offices.html](http://www.manitoba.ca/health/publichealth/offices.html).

