

COVID Vaccine Administration Consent for (ages 12 and up)

Last Name: _____ First Name: _____ DOB: _____ M F

Address: _____ Phone: _____

City, State: _____ Zip: _____

E-mail: _____

1. Have you ever had an allergic reaction that required treatment with epinephrine/ EpiPen® or that caused you to go to the hospital? _____ Yes _____ No
 2. Have you ever had a severe allergic reaction to any vaccines including COVID-19 vaccines or an injectable medication? _____ Yes _____ No
 3. Have you received antibody therapy as treatment for COVID-19 in the past 90 days? _____ Yes _____ No
 4. Have you had COVID in the past 2 weeks? _____ Yes _____ No
- Comments: _____

I have read or have been offered, the CDC Emergency Use Authorization Form about the Covid Vaccine. I understand that this vaccine may cause symptoms in some people but will not actually cause the COVID Virus and may not be 100% effective. I have had an opportunity to ask questions which were answered to my satisfaction. I understand the benefits and risks of COVID vaccine and request that the vaccine be given to me or for whom I am authorized to make this request. I have answered all questions truthfully and accurately.

While there is no cost for the COVID vaccine, Insurance will be billed for the administration fee. I request that payment of authorized insurance benefits be made to Ronald M. Frank, MD PA D/B/A Green Brook Family Medicine for this service. I authorize release of medical or other information to process this claim. Vaccine Administration documentation will be forwarded the NJ Immunization Registry as required by law.

Patient/Parent Signature _____ Date: _____

Vaccine	CPT	Dose #1	Dose # 2	Dose #3	Booster
Pfizer .3ml	91300	0001A	0002A	0003A	0004A
PfizerRTU .3ml	91305	0051A	0052A	0053A	0054A
Moderna .5ml	91301	0011A	0012A	0013A	
Moderna .25ml	91306				0064A
Jansen	91303	0031A			0034A

RA LA

_____ Marion Mueller, RN
 _____ Ronald Frank, MD _____ Sean Cook, MD
 _____ Clair Carragino, APN _____ Allyssa Finer, APN
 _____ Kim Grausso, LPN _____ Jean Kannaley, CMA
 _____ Heather Scales, CMA _____ Lorena Olea, CMA