

# COVID-19 Vaccine Consent Form

**Section 1: Demographic Information (please print and fill out of Section 1)**

NAME (Last)	(First)	(M.I.)	Date of Birth Month _____ Day _____ Year _____
Height	Weight	Age	Gender
Drug Allergies			
Home Address			Phone Number
City		State	Zip Code
<b>Circle ALL that Apply:</b> Over 65    Diabetes    Cancer    Obesity    COPD    Sickle Cell Organ Transplant    Chronic Kidney Disease    High-Risk Pregnancy    Heart Conditions			
<b>RACE</b>			
1 – American Indian or Alaska Native		2 – Asian	3 – Native Hawaiian/Other Pacific Islander
4 – Black or African American		5 – White	6 – Other Race
<b>ETHNICITY</b>			
1 – Hispanic		2 – Not Hispanic or Latino	3 – Other Race

**Section 2: Consent**

I have read the appropriate Vaccine Information Sheet(s) or patient fact sheet corresponding to the vaccine(s) that I am receiving as posted at <https://www.electrahospital.com/COVID-19>. I understand the benefits and risks of the vaccination and I voluntarily assume full responsibility for any reactions that may result. I agree to report for the second vaccination in 21 or 28 days if required.

\_\_\_\_\_  
Patient/Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Representative

\_\_\_\_\_  
Relationship

**Section 3: Screening & Vaccination (Vaccine Administrators Use Only)**

<b>Vaccination 1</b>	<b>Vaccination 2</b>
Account #	Account #

- |   | YES                      | NO                       |   | YES                      | NO                       |
|---|--------------------------|--------------------------|---|--------------------------|--------------------------|
| 1. Are you allergic to any of the components listed on the Vaccine Information Sheet? | <input type="checkbox"/> | <input type="checkbox"/> | 1. Are you allergic to any of the components listed on the Vaccine Information Sheet? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you feeling sick today (cold, fever, acute illness)?                           | <input type="checkbox"/> | <input type="checkbox"/> | 2. Are you feeling sick today (cold, fever acute illness)?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you pregnant and/or breastfeeding?   | <input type="checkbox"/> | <input type="checkbox"/> | 3. Are you pregnant and/or breastfeeding?   | <input type="checkbox"/> | <input type="checkbox"/> |

Individuals that answer YES to any of the questions should **NOT** receive the vaccine at this time.

**Section 4: Vaccination Record**

Date of Vaccination	Site of Injection (please circle)		Vaccine Manufacturer	Lot Number	Expiration Date	Name and Title of Vaccine Administrator
	L arm	R arm				
	L arm	R arm				



Texas Immunization Registry (ImmTrac 2) Disaster Information Retention Consent Form



(Please print clearly)

\*A parent, legal guardian or managing conservator must sign this form if the client is younger than 18 years of age.

First Name Middle Name Last Name
Date of Birth (mm/dd/yyyy) Gender: Male Female Telephone Email address

Client's Address Apartment # / Building #

City State Zip Code County

Mother's First Name Mother's Maiden Name

Race (select all that apply): American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, Other Race, Recipient Refused. Ethnicity (select only one): Hispanic or Latino, Not Hispanic or Latino, Recipient Refused.

The Texas Immunization Registry (ImmTrac2) has been designated as the disaster-related reporting and tracking system for immunizations, antivirals, and other medications administered to individuals in preparation for, or in response to, a disaster or public health emergency. From the time the event is declared over, ImmTrac2 will retain disaster-related information received from health-care providers for a period of 5 years. At the end of the 5 year retention period, client-specific disaster-related information will be removed from the Registry unless consent is granted to retain the client information in ImmTrac2 beyond the 5 year retention period. The Texas Department of State Health Services (DSHS) encourages your voluntary participation in the Texas Immunization Registry.

Consent for Retention of Disaster-Related Information and Release of Information to Authorized Entities
I understand that, by granting the consent below, I am authorizing retention of my (or my child's) disaster-related information by DSHS beyond the 5 year retention period. I further understand that DSHS will include this information in the state's central immunization registry ("ImmTrac2"). Once in ImmTrac2, my (or my child's) disaster-related information may by law be accessed by:
• a state agency, for the purpose of aiding and coordinating communicable disease prevention and control efforts, and / or
• a physician or other health-care provider legally authorized to administer immunizations, antivirals, and other medications, for treating the client as a patient;
I understand that I may withdraw this consent to retain information in the ImmTrac2 Registry beyond the 5 year retention period and my consent to release information from the Registry, at any time by written communication to the Texas Department of State Health Services, ImmTrac2 Group – MC 1946, P.O. Box 149347, Austin, Texas 78714-9347.

By my signature below, I GRANT consent to retain my disaster-related information (or my child's information if younger than age 18) in the Texas immunization registry beyond the 5 year retention period.

Client (or parent, legal guardian, or managing conservator:) Printed Name
Date Signature

PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See http://www.dshs.state.tx.us for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)

Upon completion, please fax or mail form to the DSHS ImmTrac2 Group or a registered Health-care provider.
Questions? (800) 252-9152 • (512) 776-7284 • Fax: (866) 624-0180 • www.ImmTrac.com • ImmTrac DC
Texas Department of State Health Services • ImmTrac2 Group – MC 1946 • P. O. Box 149347 • Austin, TX 78714-9347

PROVIDERS REGISTERED WITH ImmTrac2
Please enter client information in ImmTrac2 and affirm that consent has been granted.
DO NOT fax to ImmTrac2. Retain this form in your client's record.



ImmTrac2 Immunization Registry
FORMULARIO DE CONSENTIMIENTO
DE RETENCIÓN DE INFORMACIÓN
SOBRE EL DESASTRE



(Favor de escribir claramente con letra de molde)

Grid for last name

Apellido del Cliente

Grid for first name

Nombre del Cliente

Grid for birth date

Fecha de Nacimiento del Cliente

\*Uno de los padres, el tutor legal o el custodio administrador debe firmar este formulario si el cliente es menor de 18 años de edad.

Género: [ ] Masculino [ ] Femenino

Grid for address

Dirección del Cliente

Grid for city

Ciudad

Grid for mother name

Nombre de la Madre (si el cliente es menor de 18 años de edad)

Grid for second name

Segundo Nombre del Cliente

Grid for apartment

Apartamento #

Grid for phone

Teléfono del cliente

Grid for state

Estado

Grid for zip code

Código Postal

Grid for county

Condado

Grid for mother maiden name

Apellido de Soltera de la Madre (si el cliente es menor de 18 años de edad)

Nombre de la Madre (si el cliente es menor de 18 años de edad) Apellido de Soltera de la Madre (si el cliente es menor de 18 años de edad) ImmTrac2, el registro de inmunización de Texas, ha sido designado como el sistema de información y seguimiento para inmunizaciones, antivirales y otros medicamentos administrados a individuos durante la preparación o respuesta a un desastre o emergencia de salud pública. A partir del momento en que se declare finalizado el evento, ImmTrac2 retendrá la información relacionada con el desastre recibida por profesionales de la salud durante un periodo de 5 años. Al final del periodo de retención de 5 años, la información del cliente relacionada con el desastre se removerá del registro a menos que se dé el consentimiento para retener la información en ImmTrac2 más allá del periodo de retención de 5 años.

El Departamento Estatal de Servicios de Salud de Texas (DSHS) le anima a participar voluntariamente en el registro de inmunización de Texas.

Consentimiento de retención de información relacionada con el desastre y dar a conocer la información a entidades autorizadas

Entiendo que, al dar mi consentimiento a continuación, autorizo al DSHS a que retenga mi información relacionada con el desastre (o la de mi hijo[a]) más allá del periodo de retención de 5 años. Además entiendo que el DSHS incluirá esta información en el registro central de inmunización del estado ("ImmTrac2"). Una vez que mi información relacionada con el desastre (o la de mi hijo[a]) esté en ImmTrac2, puede ésta por ley ser accedida por:

- las agencias estatales, con el propósito de ayudar con los esfuerzos de prevención y control de enfermedades transmisibles y su coordinación y
• los médicos o demás profesionales de la salud legalmente autorizados para administrar vacunas, antivirales y otros medicamentos, para el tratamiento del cliente como paciente.

Entiendo que puedo retirar el consentimiento para retener información en el registro ImmTrac2 más allá del periodo de retención de 5 años y mi consentimiento para dar a conocer la información del registro, en cualquier momento mediante comunicación escrita dirigida a Texas Department of State Health Services, ImmTrac2 Group – MC 1946, P. O. Box 149347, Austin, Texas 78714-9347.

Con mi firma a continuación, DOY mi consentimiento para que se retenga mi información relacionada con el desastre (o la de mi hijo[a] si es menor de 18 años de edad) en el registro de inmunizaciones de Texas más allá del periodo de retención de 5 años.

Cliente (o padre / madre, tutor legal o custodio administrador): \_\_\_\_\_
Nombre en letra de molde

Fecha: \_\_\_\_\_ Firma: \_\_\_\_\_

Notificación Sobre Privacidad: Tan solo por unas cuantas excepciones, usted tiene el derecho de solicitar y de ser informado sobre la información que el Estado de Texas reúne sobre usted. A usted se le debe conceder el derecho de recibir y revisar la información al requerirla. Usted también tiene el derecho de pedir que la agencia estatal corrija cualquier información que se ha determinado sea incorrecta. Diríjase a http://www.dshs.texas.gov para más información sobre la Notificación sobre privacidad. (Referencia: Government Code, sección 552.021, 552.023, 559.003 y 559.004)

Al rellenarlo, mándelo por fax o correo postal al Grupo ImmTrac2 del DSHS o a un proveedor de salud inscrito.
¿Tiene preguntas? (800) 252-9152 • (512) 776-7284 • Fax: (866) 624-0180 • www.ImmTrac.com • ImmTrac2 DC
Texas Department of State Health Services • ImmTrac2 Group – MC 1946 • P. O. Box 149347 • Austin, TX 78714-9347

PROVIDERS REGISTERED WITH ImmTrac2

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DO NOT fax to ImmTrac2. Retain this form in your client's record.



**Get vaccinated.  
Get your smartphone.  
Get started with v-safe.**

## **What is v-safe?**

**V-safe** is a smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins after you receive a COVID-19 vaccination. Through **v-safe**, you can quickly tell CDC if you have any side effects after getting the COVID-19 vaccine. Depending on your answers, someone from CDC may call to check on you. And **v-safe** will remind you to get your second COVID-19 vaccine dose if you need one.

Your participation in CDC's **v-safe** makes a difference—it helps keep COVID-19 vaccines safe.

## **How can I participate?**

Once you get a COVID-19 vaccine, you can enroll in **v-safe** using your smartphone. Participation is voluntary and you can opt out at any time. You will receive text messages from **v-safe** around 2pm local time. To opt out, simply text "STOP" when **v-safe** sends you a text message. You can also start **v-safe** again by texting "START."

## **How long do v-safe check-ins last?**

During the first week after you get your vaccine, **v-safe** will send you a text message each day to ask how you are doing. Then you will get check-in messages once a week for up to 5 weeks. The questions **v-safe** asks should take less than 5 minutes to answer. If you need a second dose of vaccine, **v-safe** will provide a new 6-week check-in process so you can share your second-dose vaccine experience as well. You'll also receive check-ins 3, 6, and 12 months after your final dose of vaccine.

## **Is my health information safe?**

Yes. Your personal information in **v-safe** is protected so that it stays confidential and private.\*

\*To the extent **v-safe** uses existing information systems managed by CDC, FDA, and other federal agencies, the systems employ strict security measures appropriate for the data's level of sensitivity. These measures comply, where applicable, with the following federal laws, including the Privacy Act of 1974; standards enacted that are consistent with the Health Insurance Portability and Accountability Act of 1996 (HIPAA); the Federal Information Security Management Act, and the Freedom of Information Act.



Use your smartphone to tell CDC about any side effects after getting the COVID-19 vaccine. You'll also get reminders if you need a second vaccine dose.



Sign up with your smartphone's browser at [vsafe.cdc.gov](https://vsafe.cdc.gov)

**OR**

Aim your smartphone's camera at this code

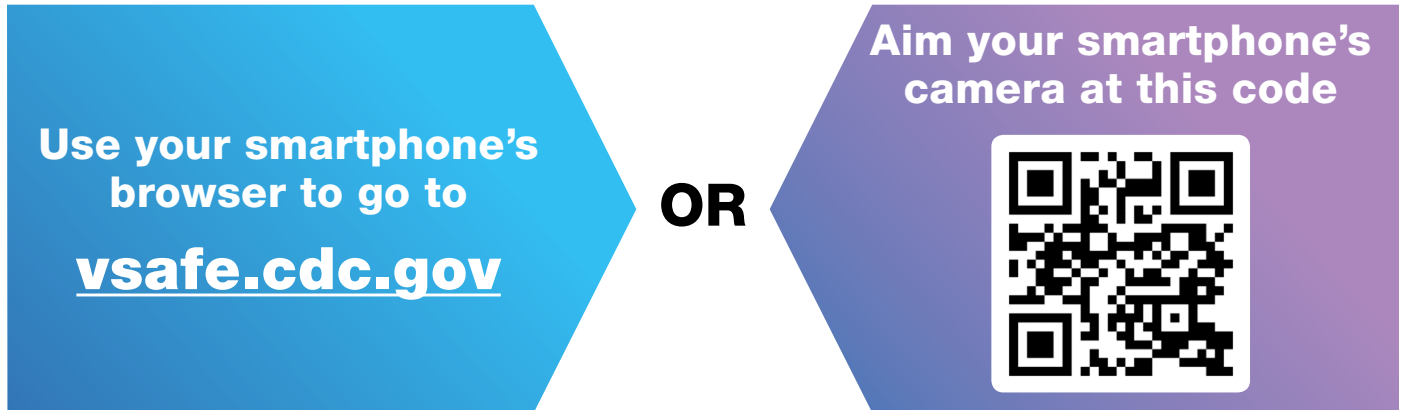


## How to register and use v-safe

You will need your smartphone and information about the COVID-19 vaccine you received. This information can be found on your vaccination record card; if you cannot find your card, please contact your healthcare provider.

### Register

1. Go to the **v-safe** website using one of the two options below:



2. Read the instructions. Click **Get Started**.
3. Enter your name, mobile number, and other requested information. Click **Register**.
4. You will receive a text message with a verification code on your smartphone. Enter the code in **v-safe** and click **Verify**.
5. At the top of the screen, click **Enter your COVID-19 vaccine information**.
6. Select which COVID-19 vaccine you received (found on your vaccination record card; if you cannot find your card, please contact your healthcare provider). Then enter the date you were vaccinated. Click **Next**.
7. Review your vaccine information. If correct, click **Submit**. If not, click **Go Back**.
8. **Congrats! You're all set!** If you complete your registration before 2pm local time, **v-safe** will start your initial health check-in around 2pm that day. If you register after 2pm, **v-safe** will start your initial health check-in immediately after you register — just follow the instructions.

You will receive a reminder text message from **v-safe** when it's time for the next check-in — around 2pm local time. Just click the link in the text message to start the check-in.

### Complete a v-safe health check-in

1. When you receive a **v-safe** check-in text message on your smartphone, click the link when ready.
2. Follow the instructions to complete the check-in.

### Troubleshooting

#### How can I come back and finish a check-in later if I'm interrupted?

- Click the link in the text message reminder to restart and complete your check-in.

#### How do I update my vaccine information after my second COVID-19 vaccine dose?

- **V-safe** will automatically ask you to update your second dose information. Just follow the instructions.

#### Need help with v-safe?

Call 800-CDC-INFO (800-232-4636)

TTY 888-232-6348

Open 24 hours, 7 days a week

Visit [www.cdc.gov/vsafe](https://www.cdc.gov/vsafe)

