

ADHS COVID-19 Vaccine Consent Form

Use this form in conjunction with the [CDC Pre-Vaccination Checklist for COVID-19 Vaccines](#).



ARIZONA DEPARTMENT
OF HEALTH SERVICES
PREPAREDNESS

Patient Information

Last Name		First Name		Middle Name (optional)	
Mother's Maiden Name (Optional)		Date of Birth (MM/DD/YYYY)		Gender	
Address		Apartment Number	City	State	Zip
<input type="radio"/> No address available					
Phone Number					

Insurance Information

Do you have insurance? Yes No

Plan Name		Plan Group ID #		Plan Individual ID #	
Name of Person Covered By Plan			Plan Responsible Person Name		
Private Insurance Address and Phone Number (If Available)					

ASSIGNMENT OF BENEFITS: I hereby assign to _____ any insurance or other third-party benefits available for the administration fee of the COVID-19 vaccine provided to me. I agree to forward to _____ all health insurance and other third-party payments I receive for services rendered to me immediately upon receipt. I agree to allow the health care provider to release information to the Arizona State Immunization Information System (ASIS) to record that I (or for the person for whom I am authorized to consent) have received this COVID-19 vaccine. This information will help keep track of the manufacturer and doses of the vaccine. I have had a copy of the Emergency Use Authorization for the COVID-19 vaccine made available to me. I have had a chance to ask questions and I believe I understand the benefits and risks of the COVID-19 vaccines requested. I ask that the vaccines be administered to me or the person for whom I am authorized to make this request.

Patient Printed Name		Patient Signature		Date Signed	
Authorized Person's Printed Name (if applicable)		Authorized Person's Signature		Date Signed	

Vaccine Administration Information for Immunizer Use Only

Administration Date		Manufacturer		NDC #	
Lot Number		Expiration Date		Route	
Administering Immunizer Name and Title		Administering Immunizer Signature			
Is this the patient's first or second dose? <input type="radio"/> First <input type="radio"/> Second					