DR. DOLLY
MINDFUL PEDIATRICS
PEDIATRIA CONSCIENTE

COVID-19 VACCINATION CONSENT FORM

Last Name (Print)	First Name	M.I.	Date of Birth	Age

SCREENING FOR VACCINATION ELIGIBILITY

You should <u>not</u> get vaccinated if you:

- UNDER 12 years of age.
- had a severe allergic reaction (e.g., anaphylaxis, trouble breathing) to any vaccine or injectable therapy, or a history of anaphylaxis due to any cause.
- had a severe allergic reaction (e.g., anaphylaxis, trouble breathing) to any component of a COVID-19 Vaccine, including lipid nanoparticles or polyethylene glycol (PEG).
- received any other vaccine within the past 14 days or are scheduled to receive any vaccine in the next 14 days.
- received convalescent plasma or monoclonal/polyclonal antibody infusions for COVID-19 within the past 90 days.

Talk to your doctor about whether you should receive the COVID-19 vaccine if you:

- are pregnant or breastfeeding.
- are currently sick. For example, if you are experiencing fever, chills cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, etc.
- have a bleeding disorder or are taking a blood thinner.
- are currently in quarantine for COVID-19.

CONSENT FOR VACCINATION

1. The administration of this vaccine **DOES NOT** create a patient provider relationship between administrator and recipient.
2. I've had the opportunity to discuss my concerns with my doctor. If I experience any adverse effects after leaving, I will notify my primary care provider.
3. I understand that my demographic information and vaccination status will be reported to the state.
4. I understand the benefits and risks of the vaccine and freely and voluntarily request to receive the COVID-19 vaccine.

Signature of Parent/Guardian/Patient: Date:

FOR ADMINISTRATIVE USE ONLY:

Manufacturer: **Pfizer** Lot #: **ER8736** **exp. 7/31/21**	Route IM: ☐ Right Deltoid ☐ Left Deltoid	Time/Date Vaccine Given: Signature of Vaccine Administrator:

TEXAS Health and Human Services | Texas Department of State Health Services

TEXAS IMMUNIZATION REGISTRY (ImmTrac2)
CONSENT FORM

(Please print clearly)

First Name _____ Middle Name _____ Last Name _____

Date of Birth (mm/dd/yyyy) ____/____/____ Gender: ☐ Female ☐ Male Telephone ____-____-____ Email address **N/A**

Address _____ Apartment # / Building # _____

City _____ State _____ Zip Code _____ County _____

Mother's First Name _____ Mother's Maiden Name _____

Race (select all that apply)

☐ American Indian or Alaska 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 is a free service of the Texas Department of State Health Services (DSHS). The immunization registry is a secure and confidential service that consolidates immunization records for public health purposes (e.g., giving all doctors treating a patient a central place to see that patient's immunization records). With your consent, your immunization information will be included in ImmTrac2.

For a family member younger than 18 years of age, a parent, legal guardian, or managing conservator may grant consent for participation for that minor by completing the ImmTrac2 Minor Consent Form (# C-7) available for downloading at www.ImmTrac.com.

Consent for Registration and Release of Immunization Records to Authorized Persons / Entities

I understand that, by granting the consent below, I am authorizing release of my immunization information to DSHS and I further understand that DSHS will include this information in the Texas Immunization Registry. Once in ImmTrac2, my immunization information may by law be accessed by: a Texas physician, or other health care provider legally authorized to administer vaccines, for treatment of the individual as a patient; a Texas school in which the individual is enrolled; a Texas public health district or local health department, for public health purposes within their areas of jurisdiction; a state agency having legal custody of the individual; a payor, currently authorized by the Texas Department of Insurance to operate in Texas for immunization records relating to the specific individual covered under the payor's policy. **I understand that I may withdraw this consent at any time.**

State law permits the inclusion of immunization records for First Responders and their immediate family members (older than 18 years of age) in the Registry. A "First Responder" is defined as a public safety employee or volunteer whose duties include responding rapidly to an emergency. An "immediate family member" is defined as a parent, spouse, child, or sibling who resides in the same household as the First Responder. For a family member younger than 18 years of age, a parent, legal guardian, or managing conservator may grant consent for participation as an "ImmTrac2 child" by completing the Immunization Registry (ImmTrac2) Consent Form (# C-7).

Please mark the appropriate box to indicate whether you are a First Responder or an Immediate Family Member.

☐ I am a FIRST RESPONDER. ☐ I am an IMMEDIATE FAMILY MEMBER (older than 18 years of age) of a First Responder.

By my signature below, I GRANT consent for registration. I wish to INCLUDE my information in the Texas immunization registry.

Individual (or individual's legally authorized representative): _____ 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.texas.gov for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003, and 559.004)

Questions? (800) 252-9152 • (512) 776-7284 • Fax: (866) 624-0180 • www.ImmTrac.com

Texas Department of State Health Services • ImmTrac 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.**