



COVID Vaccine Consent Form

| | | | |
|---------------------------------------------------------|----------|---------------------------------|-------------------|
| Full, Legal Name (First Name Middle Initial. Last Name) | | Site/Facility | |
| Email Address | | Race | Ethnicity |
| Address | | Birth Date (month / day / year) | Age Sex |
| City | Zip Code | Primary Phone # | Secondary Phone # |
| Insurance Company: | | Member ID: | Group #: |
| Policy Holder's Name: | | Policy Holder's Date of Birth: | |

The current health care laws require us to bill your insurance company for the vaccine. There will be no out of pocket expense for those insured.

Vaccine(s) to be given:

COVID #1 COVID #2

THE COVID VACCINE YOU RECEIVED WILL BE REPORTED TO IMMTRAC2 WITHIN 24 HOURS OF ADMINISTRATION.
IF YOU HAVE ANY HEALTH QUESTIONS, PLEASE CONTACT YOUR PRIMARY CARE PHYSICIAN OR CALL AURORA CONCEPTS AT 936-598-3296 TO SPEAK TO A NURSE

Printed Name

Signature

Date

FOR ONSITE USE ONLY

I acknowledge that Aurora Concepts provided me, and I have been afforded the opportunity to read, the *COVID-19 Vaccine Fact Sheet* and the *Notice of Privacy Practices*.

Printed Name

Signature

Date

AREA FOR OFFICIAL USE ONLY FOR ADMINISTRATION

| | 1 | 2 | 3 | 4 | 5 | 6 |
|------------------------------------|------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------|
| Clinic/Office Address | Aurora Concepts 233 Hurst St, Ste B Center, TX 75935 | Aurora Concepts 233 Hurst St, Ste B Center, TX 75935 | Aurora Concepts 233 Hurst St, Ste B Center, TX 75935 | Aurora Concepts 233 Hurst St, Ste B Center, TX 75935 | Aurora Concepts 233 Hurst St, Ste B Center, TX 75935 | Aurora Concepts 233 Hurst St, Ste B Center, TX 75935 |
| Date & Time VIS Given | | | | | | |
| Vaccine Given | | | | | | |
| Date Vaccine Administered | | | | | | |
| Vaccine Manufacturer | | | | | | |
| Vaccine Lot Number | | | | | | |
| Site of Administration | | | | | | |
| Signature of Vaccine Administrator | | | | | | |
| Title of Vaccine Administrator | | | | | | |