

**ARIZONA STATE EMPLOYEE - COVID-19 VACCINE CONSENT FORM**

<b>STATE EMPLOYEE INFORMATION (Please print CLEARLY)</b>		
NAME - LAST, FIRST, MIDDLE INITIAL	EIN (EMPLOYEE IDENTIFICATION NUMBER)	
DATE OF BIRTH - MMDDYYYY	AGE	SEX (M/F)
MAILING ADDRESS (Include City, State, Zip)		
EMAIL ADDRESS	PHONE	
<input type="checkbox"/> First Dose <input type="checkbox"/> Second Dose <input type="checkbox"/> Booster		
STATE AGENCY NAME	COUNTY	PHONE

- I understand that the State of Arizona is offering onsite COVID-19 vaccinations to State employees. I understand and acknowledge that my receipt of a COVID-19 vaccine is completely voluntary, and that I am under no obligation to request or receive a COVID-19 vaccine, nor does the State of Arizona compel me to take this vaccine. I understand that the State of Arizona as my employer has a record of my vaccination registration and completion.
- I have had a copy of the Emergency Use Authorization Fact Sheet 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 to be administered.
- I agree to WAIT near the clinic location for 15 minutes after receiving the vaccine.
- I understand that the COVID-19 vaccine is a two-part vaccine series. By signing this consent, I am agreeing that I will receive the first and second part of the vaccine series.
- I agree to allow the health care provider to release information to the Arizona State Immunization Information System (ASIIS) to record that I have received this COVID-19 vaccine. This information will help keep track of the manufacturer and doses of the vaccine.

I understand and agree to all of the above and I hereby ask to have the COVID-19 vaccine administered to me.

<b>EMPLOYEE SIGNATURE</b>	<b>DATE SIGNED</b>
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<b>VACCINE ADMINISTRATION INFORMATION FOR IMMUNIZER USE ONLY</b>			
ADMINISTRATION DATE	MANUFACTURER		NDC #
LOT NUMBER	EXPIRATION DATE	ROUTE	SITE Left Arm      Right Arm
ADMINISTERING IMMUNIZER NAME AND TITLE		ADMINISTERING IMMUNIZER SIGNATURE	

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### COVID-19 SCREENING QUESTIONS

The following questions will help us determine if there is any reason you should not get the COVID-19 vaccine today. If you answer “Yes” to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions may be asked. If a question is not clear, please ask your healthcare provider to explain it.

		Yes	No	Don't know
1	Are you feeling sick today?			
2	Have you ever received a dose of COVID-19 vaccine? If yes, which vaccine product? _____			
3	Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something? For example, a reaction for which you were treated with epinephrine or EpiPen®, or for which you had to go to the hospital? <ul style="list-style-type: none"><li>• Was the severe allergic reaction after receiving a COVID-19 vaccine?</li><li>• Was the severe allergic reaction after receiving another vaccine or another injectable medication?</li></ul>			
4	Do you have a bleeding disorder or are you taking a blood thinner?			
5	Have you ever received passive antibody therapy as treatment for COVID-19?			
6	Have an allergy to PEG (Polyethylene Glycol)?			