



Alabama Department of Public Health COVID -19 Vaccine Administration Form PATIENT INFORMATION

Last Name		First Name			M.I.	Gender
Last 4 Digits of Social Security Number	Date of Birth	Age	Race <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown		Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	
Street Address				Phone		
City		County			State	Zip
Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No						

PARENT / LEGAL GUARDIAN INFORMATION FOR DEPENDENTS

Last Name		First Name		Relationship to Patient <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____	
Street Address if Different		City		State	Zip
Phone		Emergency Contact			

INSURANCE INFORMATION

Insurance Provider: <input type="checkbox"/> United Healthcare <input type="checkbox"/> SEIB <input type="checkbox"/> PEEHIP <input type="checkbox"/> Humana <input type="checkbox"/> Medicare <input type="checkbox"/> BCBS <input type="checkbox"/> Medicaid <input type="checkbox"/> Other _____					
Group Number		Effective Date of Policy	Insurance Policy Number, Medicaid, or Medicare Number		
Card Subscriber Name (Last, First)		Subscriber Date of Birth	Relationship to Patient <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____		

I have read the Emergency Use Authorization (EUA) Fact Sheet or the VIS about the COVID vaccine. I understand the benefits and risks of the COVID -19 vaccine. I give permission for the above named patient to receive the vaccine indicated. I authorize billing insurance for the vaccine administration fee for the vaccine provided. I have also received notice of my privacy rights, and I have been given or offered a copy of the Alabama Department of Public Health "Notice of Privacy Practices." I understand this information is available upon request, as well as available for review at the time of vaccination.

Signature or person to receive the vaccine or authorized representative or Legal Guardian:
For children 18 years and younger a parent or legal guardian must sign this consent.

X _____ DATE _____

(FOR CLINIC USE ONLY)

Date Vaccine and EUA/VIS Given	Type and Date of VIS or EUA Fact Sheet	Clinical Site	County Code	NCES #
Vaccine Given: <input type="checkbox"/> Janssen (Johnson & Johnson)	Admin Code 0031A	CPT code 91303		
Site Location:	Manufacturer Janssen	Lot Number	NDC # 59676-0580-15	Site of Injection LA RA RT LT
Nurse Signature:	Date			Route IM