VERMILION COUNTY HEALTH DEPARTMENT

MODERNA COVID 19 CONSENT / ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I hereby acknowledge receipt of the Vermilion County Health Department’s Notice of Privacy Practices on the date stated below.

I give my consent to receive the Moderna Covid 19 vaccine. I understand that there are risks and benefits associated with any vaccine. I have received the vaccine information sheet(s).

I authorize Vermilion County Health Department to release service-related information regarding the person mentioned below to third party payors and/or other health practitioners and to bill for service rendered to me, if applicable. I request my payor to pay VCHD directly for services rendered to me.

________________________________  ___________________________________
PRINT NAME      SIGNATURE

________________________________  ___________________________________
DATE       CLIENT IF DIFFERENT

Moderna Lot # _________________  Date/Next Shot to be Received __________

INITIALS OF VACCINE ADMINISTRATOR
MODERNA COVID 19 DEMOGRAPHICS

LAST NAME ___________________________________
FIRST NAME ________________________________
MIDDLE INITIAL ________________________________
DOB _________________________
MALE _____ FEMALE _____
MAILING ADDRESS _____________________________
CITY __________________________________________
STATE ________________________________________
ZIP ___________________________________________
PHONE _______________________________________
EMAIL (opt.)____________________________________

(Please Check One)

☐ Phase 1a
☐ Phase 1b
☐ Phase 1c

Race* (Please Check One)

☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Hispanic or Latino
☐ Native Hawaiian or Other Pacific Islander
☐ Other
☐ White
☐ Unknown

Ethnicity* (Please Check One)

☐ Hispanic or Latino
☐ Not Hispanic or Latino
☐ Unknown

*Race and Ethnicity is now a requirement of the registration process by IDPH to ensure vaccine is getting to our most vulnerable populations.