



COVID-19 Immunization Consent Form (J&J)

Section 1: Information about Patient to Receive COVID-19 Vaccine (please print) *ALL FIELDS REQUIRED

PATIENT'S NAME (Last)	(First)	DATE OF BIRTH month ____ day ____ year ____	
SOCIAL SECURITY # (if Medicare age or No Insurance)		AGE	GENDER M / F
ADDRESS & CITY		STATE	ZIP
ETHNICITY (please circle) Asian Black/African American Hispanic/Latino White Other	CELL PHONE	EMAIL	

Section 2: Screening for Vaccine Eligibility

The following questions will help us to know if you are eligible to receive the COVID-19 vaccine today.
Please check YES or NO for each question.

	Dose 1	
	YES	NO
1. Are you feeling sick today?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever received a dose of any COVID-19 vaccine? If so, which product? Pfizer Moderna J&J _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any allergies to medications, food, latex, or vaccine component?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had a severe allergic reaction (i.e anaphylaxis)? For example, a reaction for which you were treated with an EpiPen (epinephrine) or for which you had to go to a hospital? Was the severe allergic reaction from -- A previous COVID-19 vaccine? Another vaccine, injectable medication, or shellfish?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as a treatment for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you received another vaccine in the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you had a positive test for COVID-19 or has a doctor ever told you that you had COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have a weakened immune system caused by something such as HIV Infection or cancer or do you take immunosuppressive drugs or therapies?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have a bleeding disorder or are you taking a blood thinner?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you pregnant or breastfeeding?	<input type="checkbox"/>	<input type="checkbox"/>

Patient Signature _____ Date: ____/____/____

Screening Questions reviewed by: _____

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Section 3: Patient Consent

I have read or had explained to me the current Vaccine Information Statement (EUA) for the COVID-19 vaccine and understand the risks and benefits.

[Janssen+COVID-19+Vaccine-Recipient-fact-sheet.pdf](#)



- **I DO GIVE CONSENT** -- By signing below, I give consent to Newhard Pharmacy and its staff, to vaccinate myself with the COVID-19 vaccine and to report any data collected on this form to the required State and/or Federal agencies as required (if this consent form is not signed, then the patient will not be vaccinated).

I also agree to hold harmless Newhard Pharmacy, its directors, officers, employees, agents, and stockholders from and against all claims, demands, actions, suits, damages, liabilities, losses, settlements, judgments, costs and expenses (including but not limited to reasonable attorney fees and costs), whether or not involving a third-party claim, which may arise out of, or relate to, the administration of this vaccine.

Patient Signature _____ Date: ____/____/____

Section 4: Insurance Information

Please fill out if not providing insurance card.

Prescription Insurance Information

Medical Insurance Information

Insurer: _____

Insurer: _____

ID: _____

ID: _____

RX Group: _____

Group: _____

RX BIN: _____

RX PCN: _____

Medicare ID*: _____

*Requires Red, White, and Blue Card

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Pharmacy Use Only

Section 5: Vaccination Record

Vaccine	Route (I.M.) Deltoid	Date Dose Administered	Vaccine Manufacturer Lot/ Exp	Pharmacist Initials
COVID-19	<input type="checkbox"/> Left <input type="checkbox"/> Right	/ /	J & J	

Pharmacist:

- John J. Pavis, RPh, NPI: 1184879884
- Charlie Wolfangle, RPh, NPI: 1700473618
- Alison Undercoffler, RPh, NPI: 1811584089
- Dawn Weber, RPh, NPI: 1487750337
- Tony Kapinas, RPh, NPI: 1962099093
- Kyle Zehner, RPh, NPI: 1740877265
- Nancy Arbogast, RPh, NPI: 1982228516
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