



# COVID-19 Vaccination

## (Updated 2023-2024 Formula)

### MUST BE 12+

Please fill out the requested information completely:

- 1) Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_
- 2) Last COVID-19 vaccination date? \_\_\_\_\_ (must be 8 weeks since previous dose)
- 3) Which arm would you like to use?     LEFT     RIGHT
- 4) Are you feeling sick today?     No     Yes, describe \_\_\_\_\_
- 5) Have you had an allergic reaction after a previous COVID-19 vaccine or to a component of the COVID-19 vaccine?     No     Yes, describe \_\_\_\_\_
- 6) Have you had a severe allergic reaction to another vaccine (other than COVID-19 vaccine) or another injectable medication?     No     Yes, describe \_\_\_\_\_
- 7) Do you have a health condition or are you undergoing treatment that makes you moderately or severely immunocompromised? (This may include, but not limited to, treatment for cancer, HIV, treatment with immunosuppressive medications, etc.)     No     Yes, describe \_\_\_\_\_
- 8) Do you have a history of myocarditis or pericarditis?     No     Yes
- 9) Do you have a history of multisystem inflammatory syndrome (MIS-C or MIS-A)?     No     Yes
- 10) Have you had COVID-19 in the last 3 months?     No     Yes

**Signature of Person to Receive Vaccine (or Signature of Parent/Guardian if Patient is < 18 years old):**

Patient Signature (if 14+): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature(under 18 only): \_\_\_\_\_ Date: \_\_\_\_\_

We will add a record of this vaccination to the Wisconsin Immunization Registry (WIR) to keep your records with your other health care providers up-to-date. You may decline to be added to WIR; it will then be your responsibility to notify your health care providers as needed. If you do NOT want this vaccination added to the WIR, check this box:     Do NOT submit a record of this vaccination to the Wisconsin Immunization Registry

Please provide your insurance card(s) with this form. If you do not have insurance or do not want insurance billed, the cost of the vaccination is \$165