

NORTHERN LOUISIANA MEDICAL CENTER

CONSENT FOR SARS/COVID-19 Vaccine

I have been given the Emergency Use Authorization (EUA) of the Pfizer-Biontech COVID-19 vaccine. I have read the sheet, and have had any questions answered to my satisfaction, regarding the SARS/COVID 19 Vaccine, including risks and benefits and possible adverse reactions or complications associated with the vaccine.

I, hereby, consent to and authorize, Northern Louisiana Medical Center, through its designated agents or representatives, to administer _____, (**print full name**), the SARS/COVID 19 Vaccine. I acknowledge that no guarantee or assurance has been made to me regarding the vaccine. The hospital, by making this vaccine available to me, provides no warranty to me with respect to the vaccine. I understand that I may have symptoms of fatigue, fever, and achiness the day after administration of the vaccine.

I indemnify and hold harmless Northern Louisiana Medical Center, its parent company (Allegiance Health Management), affiliated companies, directors, agents and employees of Northern Louisiana Medical Center from any and all claims, suits, liability, judgments, and costs, arising from and/or related to any personal injuries, damage to personal property and the results therefrom, ensuing from my participation in receipt of this vaccine.

Yes No I received the EUA documentation regarding this vaccination.

Yes No I was given opportunity to ask questions related to the vaccination and the EUA status.

Yes No I understand by signing this document I agree to have the 2nd dose in 21 days

Recipient Name:

Date of Birth:

Street address:

City:

State:

Zip:

Race:

Gender:

Contact phone number:

Signature of recipient

Date

Signature of witness

Date