



COVID-19 Vaccine Consent Form

For those who have had a Previous Allergic Reaction to Injectable Medications or Vaccines

In addition to the generic COVID-19 vaccination form you have completed, those individuals who have had a **previous allergic reaction to injectable medications or vaccines** must also complete this consent.

For individuals who have had a serious allergic reaction within 4 hours and/or anaphylaxis that occurred with a vaccine or injectable medication, the mRNA COVID-19 vaccine will not be given in the clinic at this time.

We are requiring all those who have had a **previous allergic reaction to injectable medications or vaccines** (not anaphylaxis or trouble breathing), who are eligible for the COVID-19, to review the Ministry factsheet entitled *“COVID-19 Vaccination Recommendations for Special Populations,”* and recommend you consult with their primary care physician and/specialist for a personalized risk assessment.

I have read (or it has been read to me) and understand the Fact sheet entitled *“COVID-19 Vaccination Recommendations for Special Populations,”* have had the opportunity to ask questions and to have them answered to my satisfaction, have consulted with a physician, and am consenting to COVID-19 vaccination.

Name: _____ (please print)	
Date of Birth: _____	
Date: _____	Signature: _____

** This consent form should be stapled to the COVID-19 receipt duplicate for OH when completed*