



COVID-19 VACCINE CONSENT

I hereby acknowledge and agree to the following:

- I received a copy of the “Fact Sheet for Recipients and Caregivers” regarding the Emergency Use Authorization of the COVID-19 vaccine that I am about to receive. See link below:
[COVID-19 Vaccine EUA Recipient/Caregiver Fact Sheets | CDC](#)
- I read this Fact Sheet and had the opportunity to ask questions prior to consenting to the vaccine.

I hereby voluntarily consent to the administration of the COVID-19 vaccine. I understand that this vaccine will be administered either as a single dose or as a series of two doses. I understand that the vaccine may be administered by St. Luke’s employees, independent contractors, or healthcare workers who are independent practitioners and not employees or agents of St. Luke’s. I agree that St. Luke's will bill my insurance and/or any government programs for which I am eligible for any charges associated with this service.

Recipient’s Name (please print)

Date of Birth

Recipient’s/Recipient’s Representative Signature

Date

1. The patient is unable to sign because: Patient is a minor Patient is incapacitated
 Other

2. Relationship to Patient: Parent Legal Guardian Spouse Delegate, POA,
etc. on file Other