



**MARGARET MARY
HEALTH**

PO Box 226 | 321 Mitchell Avenue
Batesville, IN 47006
Phone: 812.934.6624

PATIENT CONSENT FOR COVID-19 VACCINATION

EXPLANATION OF VACCINATION

Vaccination for SARS COVID-19 is an intramuscular injection. Intramuscular injections are administered at a 90 degree angle to the skin, preferably into the deltoid muscle of the upper arm. Risks associated with this vaccination include mild side effects, such as fever, injection site pain, headache, muscle aches and fatigue, and a small percentage may still be vulnerable even after receiving the vaccine. This vaccine may require two (2) doses to work, and you may need to return for the second dose within the recommended time frame. This vaccine is presently available under an Emergency Use Authorization (EUA) issued by the US Food and Drug Administration (FDA).

PATIENT'S CONSENT

I, the undersigned, certify that I am at least eighteen (18) years of age, have been informed about the vaccine purpose, procedure and risks, and I have elected to receive. I understand this vaccination may be subject to reporting to a health information exchange or an immunization registry, who may share my vaccination information with others, and to my health care providers, for treatment purposes or as otherwise permitted by law. I have had the opportunity to have all my questions addressed before receiving the vaccine. I voluntarily consent and agree to receive the vaccination for COVID-19.