



Pfizer

## Vaccine Consent Form

I certify that I am: (a) the patient and at least 18 years of age; (b) the legal guardian of the patient; or (c) a person authorized to consent on behalf of the patient where the patient is not otherwise competent, is unable to consent for themselves, or has authorized me to consent on their behalf.

Name of Patient: \_\_\_\_\_

In scheduling this vaccine appointment I acknowledge that I have had access to the EUA Fact Sheet on the vaccine(s), above. I understand, for myself or someone who has authorized me to consent on their behalf, the risks and benefits associated with the above vaccine(s) and accept the risks, both known and unknown, associated with receiving this vaccine, including being required to remain at the vaccine site to be monitored for 15-minutes after receiving the vaccine. I request that the vaccine be given to me or to the person named above for whom I am authorized to make this request.

\_\_\_\_\_  
Signature of parent, legal guardian or person authorized to consent on behalf of the patient

\_\_\_\_\_  
Date (Month/Date/Year)