



COVID Immunization Encounter Form

Patient Name: _____ Birthdate: ____/____/____ Age: ____
Last Name First Name Middle Name

Address _____ #: _____ City _____ State _____ Zip _____

Phone # () _____ Email _____ Birth Male Unknown
Sex Female Prefer no answer

Race (Select any) African American Alaska Native Asian/Pacific Islander Native American White Other

Ethnicity (Select) Hispanic Other Unknown

REQUIRED: UVU ID _____ Is this ID issued to a Student or Employee/Faculty Member

Non-UVU Family Member Only: _____ Last 4 of your Social Security Number

The person receiving the vaccine please answer each question by checking box.	Yes	No	For UVU use only
Are you moderately to severely sick and/or have you had a fever in the last 24 hours?			Rebook after well.
Have you ever had a severe allergic reaction (e.g., anaphylaxis) to any oral medications, food, pets, latex, environment, or other?			If Severe-Observe 30
Have you ever had an allergic reaction to another vaccine or an injectable medication?			Counsel #4/Observe 30
Do you carry an Epi-Pen?			
Have you ever had an allergic reaction (of any severity) to mRNA COVID-19 vaccine or any of its components including polyethylene glycol (PEG) or polysorbate?			No Vaccine; see MD
Have you been diagnosed or treated for Covid in the last 90 days, including antibody therapy?			Rebook >90 days
Have you received any vaccinations in the past 2 weeks, or plan to get one in the next 2 weeks?			Rebook >14 days
Do you have a weakened immune system caused by something such as HIV or cancer, or do you take immunosuppressive drugs or therapies?			Counsel #9 on back
If you are female, are you pregnant or breastfeeding?			Counsel #11 on back
Have you been injected with any cosmetic/dermal fillers?			Counsel #12 on back
Do you have a bleeding disorder or are you taking a blood thinner?			Use 23g needle; hold pressure >2 minutes
Have you received a previous dose of COVID-19 vaccine? Vaccine Name _____ Vax Date _____			If not Moderna, No Vaccine; see MD

I have been given a copy and have read or had explained to me, the information contained in the EUA Fact Sheet about the disease and vaccine. Any questions I had were answered to my satisfaction. I understand the benefits and risks of the vaccine and request that the vaccine indicated be given to me or the person for whom I am authorized to make this request. I agree to stay in the general area for 15 minutes after receiving my vaccination in case any immediate reactions occur. I understand that if I experience any side effects, I am responsible for following up with my physician at my expense. I agree that the immunization may be shared with schools, healthcare providers and others to verify immunization status, for public health studies, or when medically necessary. I release and fully discharge Utah Valley University, including its trustees, officers, agents, and employees, from any and all claims or causes of action that I may bring, or by any other person (including but not limited to my estate, family, successors, heirs, representatives, administrators, and/or assigns), including all liability for personal injury or loss arising out of or related to this vaccination to the fullest extent permitted by law. I agree that I will not commence any legal action or lawsuit or otherwise assert any legal claim against Utah Valley University or its trustees, officers, directors, employees, and agents seeking relief for any claim, whether or not such claim is released or waived under this agreement.

This agreement shall be governed by the laws of the State of Utah, without regard to conflicts of laws principles. Venue for any lawsuits, claims, or other proceedings between the Parties relating to or arising under the agreement shall be exclusively in the State of Utah.

No person under the age of 18 may receive a vaccine at UVU. If you are age 18 or over, sign below for yourself:

Authorization Signature: _____ Date: _____

FOR UVU USE ONLY					EUA DATE: Moderna; 03-26-2021 J&J: 04-23-2021	
COVID-19 Type	Time Given	Site	Lot#	Dose	Date of Service: ____/____/____	
Moderna Dose #1				0.5mL	NOTES:	
Moderna Dose #2				0.5mL		
Johnson & Johnson				0.5mL		
Vaccinator Name:	Minutes Wait Time: (Circle One) 15 30			Checkout by ID:	Checkout Time:	