Free Vaccination Clinics

South Bend Community School Corporation and Healthlinc will offer free Pfizer COVID-19 vaccinations at each of the five SBCSC public high schools during the month of October.

	Round 1	Round 2
Adams High School	October 5	October 26
Clay High School	October 13	November 3
Riley High School	October 12	November 4
Washington High School	October 7	October 28

Times: 11 a.m. – 1 p.m. and 4 – 6 p.m.

Rise Up Academy	October 27	November 17

Times: 10 a.m. – Noon

Students under the age of 18 must bring a signed consent form in order to receive a vaccination. Consent forms can be found on the reverse side of this form or at each school. Family members of students also are welcome.

Please Circle:

Are you feeling sick today?	Yes	No	Don't Know
Have you ever received a dose of COVID-19 vaccine?	Yes	No	Don't Know
Which vaccine product did you receive?	Comirnaty (Pfizer)	Moderna	J & J
Have you ever had a severe allergic reaction (eg., anaphylaxis) to something? For example, a reaction for which you were treated with epinephrine or EpiPen, or for which you had to go to the hospital?	Yes	No	Don't Know
When did you experience this severe allergic reaction?	After COVID- 19 Vaccine After Another Vaccine or Injectable Medication Don't Know		
In the past 90 days, have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19?	Yes	No	Don't Know
In the past 14 days, have you had a positive test for COVID-19 or has a doctor told you that you have COVID-19?	Yes	No	Don't Know
Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies?	Yes	No	Don't Know
Do you have a bleeding disorder or are you taking a blood thinner?	Yes	No	Don't Know
Are you pregnant or breastfeeding?	Yes	No	Don't Know
Do you have dermal fillers?	Yes	No	Don't Know
COVID-19 Vaccine Screening Date			

PATIENT CONSENT FOR COVID-19 VACCINATION

Explanation of Vaccination:

There is more than one SARS COVID-19 vaccine option. 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. You will be required to wait 15 to 30 minutes after injection as instructed by the administer of the vaccine. If multiple doses are required or recommended, you should get subsequent dose(s) as close to the recommended time as possible. Otherwise, you may not get the full protection of the vaccine. These vaccines are presently available under an Emergency Use Authorization (EUA) issued by the U.S. Food and Drug Administration (FDA). Please review the fact sheet for the vaccine you are receiving.

J&J - https://www.fda.gov/media/146304/download.
Moderna - https://www.fda.gov/media/144638/download
Comirnaty - https://www.fda.gov/media/144414/download

PATIENT'S CONSENT

I, the undersigned, certify that I am of age, meet the criteria of the state of Indiana or Health Center COVID-19 vaccine program to receive a COVID-19 vaccine, 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 healthcare 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.

Printed Name: _____ Patient Date of Birth:_____

Signature: _____ Date:_____

Signature of Parent or Guardian (if a Minor): _____