



Public Health
Prevent. Promote. Protect.

Tuscarawas County Health Department

Tuscarawas County Health Department & New Philadelphia City Health Department COVID-19 Vaccine Patient Authorization



Please Print

Last Name _____ First Name _____

DOB _____ SSN _____ Age _____ Sex _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Authorization:

I have received information concerning the COVID 19 vaccine. I was given a chance to ask questions about COVID 19 and I understand the benefits/risks of this vaccine. I ask that the COVID 19 vaccine be given to me or to the person named on this form for whom I am authorized to make this request. I have been offered and/or received a copy of the Notice of Privacy Practices and Vaccine Information Statement (VIS) confirmed by my signature below.

Patient or Parent/Guardian Signature _____
Date

For Administrative Use Only

Vaccine Manufacturer	Moderna
Vaccine Lot Number	
Expiration Date	
Site of Administration	
Signature of Vaccine Administrator	

Target Population

- ____ Assisted Living Facility Resident
- ____ Assisted Living Facility staff
- ____ Skilled Nursing Facility (RCF) resident
- ____ Skilled Nursing Facility (RCF) staff
- ____ State of Ohio Dept. of Dev. Disabilities (DODD) Resident
- ____ State of Ohio Dept. of Dev. Disabilities (DODD) Staff
- ____ State of Ohio Veterans Home Resident
- ____ State of Ohio Veterans Home Staff
- ____ State of Ohio Mental Health and Addiction Services (MHAS) Resident

- ____ State of Ohio Mental Health and Addiction Services (MHAS) Staff
- ____ State of Ohio Dept. of Rehabilitation & Correction residents
- ____ State of Ohio Dept. of Rehabilitation & Correction staff
- ____ Congregate Care Facility Resident
- ____ Congregate Care Facility Staff
- ____ Hospital worker Clinical Staff
- ____ Hospital worker Administrative Staff
- ____ Hospital worker Ancillary Staff
- ____ Non-Hospital healthcare worker Administrative Staff

- ____ Non-Hospital healthcare worker Ancillary Staff
- ____ Non-Hospital healthcare worker Clinical Staff
- ____ Emergency Medical Services- EMTs/Paramedics
- ____ School Staff adult
- ____ 65 years or older
- ____ Adults w/qualifying medical condition