



# 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

- 65 and Older**
- \_\_\_\_ Individual Aged 65-69
  - \_\_\_\_ Individual Aged 70-74
  - \_\_\_\_ Individual Aged 75-79
  - \_\_\_\_ Individual Over 80 years of age
- Medical:**
- \_\_\_\_ Individual w/Congenital Disorders or Early Onset Conditions
- Schools:**
- \_\_\_\_ Individual Working in K-12 Schools