

K o } u ] v ] } v h v ] Å Æ • ] š Ç  
Informed Consent for Immunization with COVID Vaccine

| Last Name | First Name | Middle | Date of Birth | Age | Gender |
|-----------|------------|--------|---------------|-----|--------|
|           |            |        | (      )      | -   |        |

|  |   |   |
|--|---|---|
| Are you pregnant or breastfeeding (not a contraindication) | ^ | ^ |
|--|---|---|