

BIVALENT COVID Booster Administration Consent for (Ages 12yrs up)

Last Name: _____ First Name: _____ DOB: _____ M F

Address: _____ Phone: _____

City, State: _____ Zip: _____

E-mail: _____

Race: American Indian/Alaska Native Asian Black/African American Native Hawaiian/Other Pacific Islander
 White Other Prefer Not To Say

Ethnicity: Hispanic/Latino Unknown Not Hispanic/Latino Prefer Not To Say

1. Has it been at least 2 months from your last COVID vaccine? _____ Yes _____ No
2. Have you ever had an allergic reaction that required treatment with epinephrine/ EpiPen® or that caused you to go to the hospital? _____ Yes _____ No
3. Have you ever had a severe allergic reaction to any vaccines including COVID-19 vaccines or an injectable medication? _____ Yes _____ No
4. Have you received antibody therapy as treatment for COVID-19? _____ Yes _____ No
5. Have you had a history of myocarditis/pericarditis? _____ Yes _____ No

Comments: _____

I have read or have been offered, the CDC Emergency Use Authorization Form about the Covid Vaccine. I understand that this vaccine may cause symptoms in some people but will not actually cause the COVID Virus and may not be 100% effective. I have had an opportunity to ask questions which were answered to my satisfaction. I understand the benefits and risks of COVID vaccine and request that the vaccine be given to me or for whom I am authorized to make this request. I have answered all questions truthfully and accurately.

While there is no cost for the COVID vaccine, Insurance will be billed for the administration fee. I request that payment of authorized insurance benefits be made to Ronald M. Frank, MD PA D/B/A Green Brook Family Medicine for this service. I authorize release of medical or other information to process this claim. Vaccine Administration documentation will be forwarded the NJ Immunization Registry as required by law.

Patient/Parent Signature _____

Date: _____

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Vaccine		CPT	Booster
Moderna18 + Biv	50 mcg/0.5ml	91313	0134A
Pfizer 12+ Biv	30mcg/ 0.3ml	91312	0124A

RA LA

_____ Marion Mueller, RN
 _____ Ronald Frank, MD _____ Sean Cook, MD
 _____ Clair Carragino, APN _____ Allyssa Finer, APN
 _____ Kim Grausso, LPN _____ Jean Kannaley, CMA
 _____ Heather Scales, CMA _____ Lorena Olea, CMA