



Goodall-Witcher Hospital
Goodall-Witcher Clinic in Clifton
Goodall-Witcher Clinic in Whitney
Goodall-Witcher Home Health Agency
Goodall-Witcher Nursing Facility
Goodall-Witcher Fitness & Wellness Center

COVID-19 Vaccine Consent

Patient Name: _____ Date of Birth: _____ Phone: _____

Address: _____

Primary Care Physician/Clinic: _____

I have not received another Vaccine in the past 14 days

I have received the Vaccine Information Statement provided to me

I consent to receive the COVID-19 Vaccine and authorize reporting this information to ImmTrac2 Immunization Registry

Signature

Date

Office Use Only:

Vaccine: Place Label Here

Dosage: 0.5ml IM Site: L or R deltoid

Administered by: _____ Date: _____