EMMONS COUNTY PUBLIC HEALTH
118 E Spruce Ave
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Linton ND 58552
Phone: (701)254-4027
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IF INTERESTED IN RECEIVING THE COVID-19 VACCINE, PLEASE COMPLETE ALL INFORMATION ON THIS FORM AND RETURN IT TO THE ADDRESS ABOVE OR DROP OFF AT THE PUBLIC HEALTH OFFICE.

Patient's Name (Last, First, Middle):			RACE: (Check all boxes that apply) □ American Indian or Alaskan Native □ Asian □ Black or African American □ Native Hawaiian or Other Pacific Islander □ White □ Other □ Unknown
Hispanic or Latino: □ Yes □ No	Date of Birth:	Age:	
Gender: □ Male □ Female	Home Phone Number:	Cell Phone Number:	

Address (Street or P.O. Box)	City:	State:	ZIP Code:

County:	State You Were Born In:	Country Born In (If not the U.S):

PLEASE BRING YOUR INSURANCE CARD(s) WITH YOU TO YOUR APPOINTMENT

The following questions will help us determine if there is any reason you should not get the COVID-19 vaccine today. If you answer "yes" to any of the following questions, it does not necessarily mean you should not be vaccinated. It just means additional questions may be asked. If a question is not clear, please ask your healthcare provider to explain.

Question	Yes	No	Unknown
Have you had a severe allergic reaction to a previous vaccine or other injectable therapy?	If yes, please specify:		
Have you had a severe allergic reaction (e.g., anaphylaxis) to food, medicine, or other?	If yes, please specify:		
Have you received any vaccines in the past fourteen days?			
Have you tested positive for COVID-19?	If yes, when?		
Have you received monoclonal antibodies or convalescent plasma as part of COVID-19 treatment with the past 90 days?			
Do you currently have a fever?			
Do you have a bleeding disorder or are on a blood thinner?			
Are you pregnant, planning to become pregnant or breastfeeding?			

A copy of the appropriate Emergency Use Authorization Face Sheet has been provided. I have read, or have had explained, the information about the disease and the vaccine listed below. There was an opportunity to ask questions and all questions were answered satisfactorily. I believe that I understand the benefits and risks of the vaccine cited and ask that the vaccine be given to me or to the person named above (for whom I am authorized to make this request).

I consent to receive the vaccine provided. (Signature of patient or parent/guardian)	Date: