

Location of Car: _____

The below information is required to report the administration of the Covid-19 Vaccine to New Jersey Immunization Information System (NJIS) and the Center for Disease Control (CDC). PLEASE USE LEGAL NAME.

PLEASE PRINT THE FOLLOWING INFORMATION

Last Name	
First Name	
Date of Birth	
Gender	
Race/Ethnic Group	
Address	
City/State	
Phone #	

I have received the fact sheet for Pfizer COVID-19 vaccine. I consent to the above demographic information being given to the NJIS and CDC. I consent to receiving the Pfizer COVID-19 vaccine.

Signature: (Patient, Parent, Guardian) _____

or

Verbal Consent given by: Parent or Guardian _____

Verbal consent taken by SMC Employee: _____

Pfizer Lot #: _____ Site: Right Left Deltoid

Signature of Vaccinator: _____ Date: _____