COVID VACCINE ATTESTATION FORM

Cooper University Health Care | camden county Making It Better, Together. | RUTGERS School of Nursing | Camden

Patient's First Name | Patient's Last Name | MI

Patient's Date of Birth: MM / DD / YYYY

Patient Eligibility Group:
❑ 12 and older with No Qualifying Diseases

Patient Address:

Parent/Guardian Address If Different Than Patient Address:

Parent/Guardian Date of Birth: MM / DD / YYYY

Have you ever received a dose of COVID-19 vaccine?	❑ Yes ❑ No ❑ Don't Know ❑ Other
If you answered Yes to the question above, which vaccine product did you receive?	❑ Pfizer ❑ Moderna ❑ Janssen/Johnson & Johnson ❑ Other
Have you had an allergic reaction to a component of the COVID-19 vaccine, including polyethylene (PEG), found in medications such as laxatives and preparations for colonoscopy procedures?	❑ Yes ❑ No ❑ Don't Know
If you answered Yes to the question above, to which of these did you have a reaction?	❑ Component of COVID-19 (PEG) ❑ Polysorbate ❑ Previous COVID-19 Dose
Have you ever had an allergic reaction to another vaccine or injectable medication?	❑ Yes ❑ No ❑ Don't Know
Have you ever had a severe allergic reaction (e.g. anaphylaxis) to something other than a component of the COVID-19 vaccine, polysorbate, or any vaccine or injectable medication? This would include food, pet, environmental, or oral medication allergies.	❑ Yes ❑ No ❑ Don't Know
Have you ever had COVID-19 and been told you have a diagnosis of MIS-C?	❑ Yes ❑ No ❑ Don't Know
Have you received passive antibody therapy as a treatment for COVID-19?	❑ Yes ❑ No ❑ Don't Know
Are you taking immunosuppressive drugs? If you answered Yes, at what time of day do you take immunosuppressive drugs? _____	❑ Yes ❑ No ❑ Don't Know
Are you pregnant or breastfeeding?	❑ Yes ❑ No ❑ Don't Know

Parent/Legal Guardian Acknowledgement:

Print First and Last Name (Parent/Legal Guardian): Date:

Signature (Parent/Legal Guardian):