COVID VACCINE CONSENT TO TREAT

Washington County Health Department
342 Muskingum Drive, Marietta, Ohio 45750
740-374-2782 FAX: 740-376-5810
POS: 71 State or Local Public Health Clinic

Tax ID: 31-64000-89
Provider #: 0262200
Refer Provider: Richard Clark, M.D.
NPI # 1093774242

Impact [ ] Daily [ ]
Scheduled [ ] Billing [ ]

Last Name	First Name	MI	Age	Date of Birth

Street Address	City	State	Zip

Phone Number	Email

SEX

- ◯ Female (F)
- ◯ Male (M)
- ◯ Other (O)
- ◯ Unknown (U)

RACE

- ☐ Alaskan Native/American Indian (5)
- ☐ Asian (4)
- ☐ Black (2)
- ☐ Native Hawaiian/Pacific Islander (7)
- ☐ White (1)
- ☐ Other (6)
- ☐ Unknown (9)

ETHNICITY

- ◯ Hispanic/Latino (1)
- ◯ Not Hispanic/Latino (2)
- ◯ Unknown (3)

By signing below, you agree that 1) you reviewed both the Emergency Use Authorization https://www.cdc.gov/vaccines/covid-19/eua/index.html and Washington County Health Department Privacy Policy https://www.washingtongov.org/health available online and printed at the vaccination clinic, 2) you understand the benefits and risks of the vaccine and you are asking that the vaccine be given to you or the person named on this form for whom you are authorized to make this request, 3) you hereby consent that we can bill your insurance, if applicable.

*If the person who is being vaccinated is age 17 or under, a parent or guardian **must** be on-site to consent to their 16-17 year old dependent child getting the vaccine.

PATIENT CONSENT/SIGNATURE (or parent/guardian if patient is age *17 or under)	SIGN HERE	Date of Consent

**********FOR OFFICE USE ONLY**********

	circle		*sticker or circle/write*	
	Dose #	**Site**	**Manufacturer**	**Lot #**
Vaccine			ASZ	
COVID-19	1	LD	JSN	
			MOD	
Route: IM	2	RD	PFR	

Vaccinator Signature

Date of Vaccine

Insurance Company

Insurance ID

I L 0 ≠

Letters

How to write.

Ø 1 2

zero one two
Numbers

MEDICARE sequence # __ __ # - __ __ # - __ __ # #

Name of Insured (if different than Patient)

Rev. 2021 0401