



Name: _____

HSN: _____

RE: Benefit/Risk Information for Individuals with an Autoimmune Condition

Receiving _____ COVID-19 Vaccine

The National Advisory Committee on Immunization (NACI) with the Public Health Agency of Canada (PHAC) recommends that a complete vaccine series with a COVID-19 vaccine may be offered to individuals with an autoimmune condition in the authorized age group if a risk assessment deems that the benefits outweigh the potential risks for the individual, and if informed consent includes discussion about the insufficiency of evidence on the use of COVID-19 vaccine in these populations.

I have read and been fully informed by the health care provider regarding the above information. I hereby give permission for myself to receive this vaccine.

Patient Signature

Date

Immunization Provider

Date