

**COVID-19 Pandemic  
COVID-19 Vaccine Consent**

**Initial Applicable Boxes**

**This form is to be used only for persons 18 years and older who are unable to understand or sign for their own medical services and have a legal substitute decision-maker.**

<b>Section 1: Client Information OR see addressograph/label above</b>		
Last Name	First Name	Gender M F
Health Services Number	Birthdate (MM/DD/YY)	Long Term Care or Personal Care Home (if applicable)
<b>Section 2: Vaccine Screening Questions: (Substitute Decision-Maker or Physician to complete)</b>		
<input type="checkbox"/> <a href="#">COVID-19 Screening Questions</a> completed with substitute decision-maker or physician Refer to <a href="https://saskatchewan.ca/COVID19">saskatchewan.ca/COVID19</a> for more information.		
<b>Section 3: Consent for Vaccine (Substitute Decision-Maker or Physician to complete)</b>		
I have read the <a href="#">COVID-19 information sheet(s)</a> . I am aware that the Saskatchewan Health Authority may access immunization records from the provincial electronic immunization registry (Panorama) to determine the need for immunization. I am aware that immunizations and health related information will be documented in Panorama and may be shared with health care professionals to provide public health services, assist with diagnosis and treatment, and to control the spread of vaccine preventable diseases.		
Name of Substitute Decision-Maker or Physician		
Relationship to Client	Daytime Phone Number	
I consent for the person named above to receive the COVID-19 Vaccine:		
Signature:		Date (MM/DD/YY):
<b>Section 4: Telephone Consent (Health Care Provider to complete)</b>		
Health Care Provider to obtain consent per Chapter 3 of the Saskatchewan Immunization Manual (SIM), including as it relates to Panorama under Section 3 above.		
Name of Substitute Decision Maker or Physician		
Relationship to Client	Phone Number	
Name of Health Care Provider (Print)	Health Care Provider Signature	Date (MM/DD/YY)