

COVID-19 Immunization Interim Enhanced Consent Form for use in Personal Care Homes



The (standard) COVID-19 Immunization Consent Form **MUST** be completed prior to completing this Interim Enhanced Consent Form. Residents who are immunosuppressed due to disease or treatment and/or have an autoimmune condition are to complete **two** consent forms.

Region _____ Clinic Location _____ Date _____

Sections A, B and C completed by:

Client Parent Legal decision maker Other _____ (on behalf of client)

A. Client Information – please print

Surname _____ Given Names _____

Address _____ City/Town _____ Postal Code _____

Home Phone _____ Date of Birth (yyyy/mm/dd) _____ / _____ / _____

Sex Male Female Intersex Unknown

Manitoba Health Number (6 digits) _____ Personal Health Information Number (9 digits) _____

B. Enhanced Health History of Client

If your immune system is suppressed due to disease or treatment, complete questions 1 thru 5.

1. I have read and understood the information in the factsheet AND the information provided to me by my immunizer or health care provider. Yes No
2. I understand that there is limited evidence that immunosuppression is an independent risk factor for severe COVID-19. Yes No
3. I understand that the relative degree of immunodeficiency in individuals who are immunocompromised is variable depending on the underlying condition, the progression of disease and use of medications that suppress immune function. Yes No
4. I understand that there is no data on the use of COVID-19 vaccine in individuals who are immunosuppressed. Yes No
5. I understand that there is limited evidence to demonstrate that the COVID-19 vaccine will be of benefit to me. Yes No

If you have an autoimmune condition, complete questions 6 thru 11.

6. I have read and understood the information in the factsheet AND the information provided to me by my immunizer or health care provider. Yes No
7. I understand that there is limited evidence that having an autoimmune condition is an independent risk factor for severe COVID-19. Yes No
8. I understand that the relative degree of autoimmunity in individuals with autoimmune conditions is variable and depends on the underlying condition, the severity and progression of disease and use of medications that impact immune function. Yes No
9. I understand that there is very limited data on COVID-19 vaccination in individuals who have an autoimmune condition. Yes No
10. I understand that there is limited evidence to demonstrate that the COVID-19 vaccine will be of benefit to me. Yes No
11. I understand that it is possible that the COVID-19 vaccine could make my autoimmune condition worse. Yes No

C. Informed Consent

Immunizer or Health Care Provider

Surname and Given Names (please print) _____

Immunizer or Health Care Provider Signature _____ Date _____

Client Signature _____ Date _____