

# **COVID-19 VACCINATION ACKNOWLEDGMENT**

**By signing this form, I acknowledge the following:**

- **I voluntarily elected to receive the COVID-19 vaccination at UTHSA after carefully considering the risks and benefits;**
- **UTHSA advised me to consult with my medical provider to discuss my personal risks, benefits, and potential side effects of receiving the COVID-19 vaccination;**
- **I received information about the possible side effects of the COVID-19 vaccine, as presented in the Emergency Use Authorization information pamphlet provided to me;**
- **I received information about the known risks and side effects, the possibility of unknown adverse reactions, and the need for continued masking/social distancing after receiving the COVID-19 vaccination;**
- **UTHSA has provided me with a completed COVID-19 vaccination card and/or a vaccination record located in MyChart;**
- **I understand that if I experience adverse side effects after receiving the COVID-19 vaccination, I will contact my primary care physician or UT Health San Antonio Wellness 360 at 210-567-2788 immediately;**
- **I understand that the COVID-19 vaccinations given at UTHSA will be tracked and reported to ImmTrac, and as otherwise required by the local, state and federal government.**