



**DAVIDSON COUNTY  
HEALTH DEPARTMENT**

Protecting, Caring, Serving Our County

Lillian Koontz, MPA, REHS  
**HEALTH DIRECTOR**

Tobin Shepherd  
**CHAIR, BOARD OF HEALTH**

Michael Garrison, MD  
**MEDICAL DIRECTOR**

**HEALTHCARE PROVIDER CONSENT TO VACCINATE**

*Prior to vaccination, patients with bleeding disorders or who are taking blood thinners must receive consent from their medical provider who is familiar with their bleeding risk to determine if the patient can receive an intramuscular injection with reasonable safety.*

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Provider's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Medication/Medical Condition of concern: \_\_\_\_\_

\_\_\_\_\_ I do recommend this patient to receive the COVID-19 vaccine

\_\_\_\_\_ I do not recommend that this patient receive the COVID-19 vaccine

Signature of Provider: \_\_\_\_\_

Date: \_\_\_\_\_