**UCR Campus Vaccine Event:**

**Vaccines Provided & Administered by Kaiser Permanente**

**Event Sponsored by UCR HR/Benefits Office**

**September 26 and 28, 2023**

Employee ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that I am: (a) the below listed Kaiser Permanente patient and at least 18 years of age; (b) the legal guardian of the below listed Kaiser Permanente patient; or (c) a person authorized to consent on behalf of the below listed Kaiser Permanente patient where the patient is not otherwise competent or unable to consent for themselves. Further, I hereby give my consent for **UCR EH&S, Department of Occupational Health to enter my below listed vaccine (s) records into the UCR Point and Click System (PNC) where employee vaccine records are centrally maintained.** I am aware that I have the option to self-enter this information myself through the PNC employee portal; which can be found at the Employee Vaccine Guide

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Patient Date

Patient/Authorized Signatory signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Authorized Signatory (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- |
| **Vaccine** | **Date Vaccine given**  | **Manufacturer** | **Dosage** | **Dose #****(if applicable)** | **Vaccine Lot #** |
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