PRINT FORM, bring it and a COPY OF INSURANCE CARD to the clinic. Medicare is primary insurance for 65+

Screening and Consent for COVID-19 VACCINE

The following questions will help us determine if there is any reason you should not get a COVID-19 VACCINE. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated but that additional questions may be asked. If a question is not clear, please ask your healthcare provider to explain it.

	yes	no	don't know
• Have you tested positive for COVID-19 in the past 14 days?	☐	☐	
• Do you have any of these COVID-related symptoms (fever, cough, shortness of breath, loss of taste and/or smell)?	☐	☐	
• Have you been a close contact of a confirmed COVID case in the last 14 days?	☐	☐	☐
• Have you had any vaccine in the past 2 weeks?	☐	☐	☐
• Do you feel sick in any way today?	☐	☐	
• Do you have an allergy to a component of the vaccine? (*see list at bottom)	☐	☐	☐
• Have you ever had a serious reaction to a vaccine before? (hives, itching, difficulty breathing)	☐	☐	☐
• Have you EVER had anaphylaxis (severe, potentially life-threatening allergic reaction) NOT related to an injection?	☐	☐	☐
• FOR FEMALES ONLY: Could you be pregnant or are you breastfeeding?	☐	☐	

I ACCEPT THIS IMMUNIZATION VOLUNTARILY ☐

I know the Food and Drug Administration (FDA) has authorized the emergency use of this vaccine though it is not fully FDA licensed yet. I was asked to join the V-SAFE program which does virtual health checks on the people who get a COVID-19 vaccine. In addition to V-SAFE, I know I should report vaccine side effects to FDA/CDC Vaccine Adverse Event Reporting System (VAERS) at 1-800-822-7967 or https://vaers.hhs.gov/reportevent.html.

I know I must get two doses of the COVID-19 vaccine (Moderna or Pfizer only) and receive the same vaccine for both.

I have been given a copy (via email) and have read or have had explained to me the information in the Fact Sheet for COVID-19 VACCINE. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the vaccine.

NAME: _____ **DOB:** _____ **Phone:** _____
(PRINT ENTIRE LEGAL NAME clearly so it is easily readable)

Race: ☐ White ☐ Black ☐ Asian ☐ American Indian/Alaska Native ☐ Native Hawaiian/ Pacific Islander ☐ Latino ☐ Other

Ethnicity: ☐ Hispanic or Latino ☐ Non-Hispanic or Latino

Address: _____ City_____ State_____ Zip_____

Insurance Provider and ID#: _____ Medicare:_____
(Social Security # or Driver's License #, if uninsured) **(SSN if you don't have your card)**

PATIENT SIGNATURE:_____ **Date:**_____
(Parent/Guardian signature required for minors)

FOR CLINIC STAFF ONLY:
WAIIS reviewed – dose giving today: **1st** □ **2nd** □ **(date of first dose: _____)** **Left Arm / Right Arm**
** If yes to any questions, consult with medical provider or pharmacist

MEDICAL PROVIDER/PHARMACIST SIGNATURE_____

MANUFACTURER: ☐Moderna ☐ Pfizer ☐Janssen **LOT #:**_____ **DATE:**_____

Today's Appt Time: _____ **Dose: 1st / 2nd / Single**

2nd Dose Appt Day / Time: _____

Table #: _____ **Release Time:** _____

*__Moderna__: (lipids (SM-102, polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG], cholesterol, and 1,2-distearoyl-sn-glycero-3-phosphocholine [DSPC]), tromethamine, tromethamine hydrochloride, acetic acid, sodium acetate, sucrose.) **Pfizer**: (mRNA, lipids ((4-hydroxybutyl)azanediyl) bis(hexane-6,1-diyl)bis(2-hexyldecanoate), 2[(polyethylene glycol)-2000]-N,N-ditetradecylacetamide,1,2-Distearoyl-sn-glycero-3-phosphocholine, and cholesterol), potassium chloride, monobasic potassium phosphate, sodium chloride, dibasic sodium phosphate dihydrate, and sucrose.) **Janssen**: (citric acid monohydrate, trisodium citrate dihydrate, ethanol, 2-hydroxypropyl-β-cyclodextrin (HBCD), polysorbate-80, sodium chloride.)