Recipient Registration Form

Fields with an * are required

_____

***First Name**

_____

***Last Name**

_____

***Street Address**

_____

***Town/City/State/Zip or Postal Code**

_____

Phone Number

_____

Cell Phone

***Gender**

- ☐ Female
- ☐ Male
- ☐ Decline to Specify
- ☐ Other

***Date of Birth**_____/_____/_____

***Ethnicity**

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Unknown/Not Reported

***Race** (Please check all that apply)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Unknown/Not Reported

Recipient Registration Form

Emergency Contact Name

Emergency Contact Number

Prevaccination Checklist for COVID-19 Vaccines

For vaccine recipients:

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

Name _____

Age _____

	Yes	No	Don't know
1. Are you feeling sick today?	☐	☐	☐
2. Have you ever received a dose of COVID-19 vaccine?	☐	☐	☐
• If yes, which vaccine product did you receive? ☐ Pfizer-BioNTech ☐ Moderna ☐ Janssen *(Johnson & Johnson)* ☐ Another Product _____			
• Have you received a complete COVID-19 vaccine series *(i.e., 1 dose Janssen or 2 doses of an mRNA vaccine [Pfizer-BioNTech, Moderna])*?	☐	☐	
• Did you bring your vaccination record card or other documentation?	☐	☐	
3. Have you ever had an allergic reaction to: *(This would include a severe allergic reaction [e.g., anaphylaxis] that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that caused hives, swelling, or respiratory distress, including wheezing.)*			
• A component of a COVID-19 vaccine, including either of the following: ○ Polyethylene glycol *(PEG)*, which is found in some medications, such as laxatives and preparations for colonoscopy procedures	☐	☐	☐
○ Polysorbate, which is found in some vaccines, film coated tablets, and intravenous steroids	☐	☐	☐
• A previous dose of COVID-19 vaccine	☐	☐	☐
4. Have you ever had an allergic reaction to another vaccine *(other than COVID-19 vaccine)* or an injectable medication? *(This would include a severe allergic reaction [e.g., anaphylaxis] that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that caused hives, swelling, or respiratory distress, including wheezing.)*	☐	☐	☐

5. Check all that apply to you:

- ☐ Am a female between ages 18 and 49 years old
- ☐ Am a male between ages 12 and 29 years old
- ☐ Have a history of myocarditis or pericarditis
- ☐ Had a severe allergic reaction to something other than a vaccine or injectable therapy such as food, pet, venom, environmental or oral medication allergies
- ☐ Had COVID-19 and was treated with monoclonal antibodies or convalescent serum
- ☐ Diagnosed with Multisystem Inflammatory Syndrome (MIS-C or MIS-A) after a COVID-19 infection
- ☐ Have a bleeding disorder
- ☐ Take a blood thinner
- ☐ Have a weakened immune system (i.e., HIV infection, cancer) or take immunosuppressive drugs or therapies
- ☐ Have a history of heparin-induced thrombocytopenia (HIT)
- ☐ Am currently pregnant or breastfeeding
- ☐ Have received dermal fillers
- ☐ History of Guillain-Barré Syndrome (GBS)

Form reviewed by _____ **Date** _____

Adapted with appreciation from the Immunization Action Coalition (IAC) screening checklists

Prevaccination Checklist for COVID-19 Vaccines

Information for Healthcare Professionals

I have read or had explained to me the 2020-2021 Vaccine Information Statement for the COVID-19 vaccine and understand the risks and benefits. Furthermore, I have also had an opportunity to ask questions about these immunizations. I believe the benefits outweigh the risks and I voluntarily assume full responsibility for any reactions that may result from either my receipt of the immunization(s) or the receipt of the immunizations(s) by the person named below for whom I am the legal guardian ("Ward"). My medical record may be shared with my physician or other healthcare provider and the medical record of my Ward may be shared with his/her physician or other healthcare provider. I am requesting that the immunization(s) be given to me or my Ward. I, for myself and on behalf of my Ward and each of our respective heirs, executors, personal representatives and assigns, hereby release the provisioning mass vaccination center, and its affiliates, subsidiaries, divisions, directors, contractors, agents and employees (collectively "Released Parties"), from any and all claims arising out of, in connection with or in any way related to my receipt and the receipt of my Ward of this or these immunization(s). Neither the provisioning mass vaccination center nor any of the Released Parties shall, at any time or to any extent whatsoever, be liable, responsible or any way accountable for any loss, injury, death or damage suffered or sustained by any person at any time in connection with or as a result of this vaccine program or the administration of the vaccines described above. The provisioning vaccination center will use and disclose your personal and health information or the personal and health information of your Ward, to treat you or your Ward, to receive payment of the care we provide, and for other healthcare operations.

Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regard to you and your Ward's personal health information.

https://www.cdc.gov/other/privacy.html

☐ **I acknowledge that I have received a copy of the Notice of Privacy Practices.**

_____

Signature

_____

Print: Last Name, First Name (Middle Initial)

_____

State

_____

County

_____

Email Address

_____

Date

Prevaccination Checklist for COVID-19 Vaccines

Information for Healthcare Professionals

For additional information on COVID-19 vaccine clinical guidance, see: https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html.

For additional information on ACIP general recommendations, see: https://www.cdc.gov/vaccines/hcp/ acip-recs/general-recs/index.html.

Three COVID-19 vaccines are currently authorized for use in the United States. These vaccines are authorized for use among different age groups.

PRODUCT	AUTHORIZED AGE GROUPS
Pfizer-BioNTech COVID-19 Vaccine	12 years of age and older
Moderna COVID-19 Vaccine	18 years of age and older
Janssen COVID-19 Vaccine (Johnson & Johnson)	18 years of age and older

Anyone outside of the authorized age groups for a product should not receive the vaccine.

Postvaccination Observation Times for Persons without Contraindications to COVID-19 Vaccination

- ☐ **30 minutes:** History of an immediate allergic reaction of any severity to a vaccine or injectable therapy. People with contraindications to a different type of COVID-19 vaccine (for example, people with a contraindications to mRNA COVID-19 vaccines who receive Janssen viral vector should be observed for 30 minutes following Janssen vaccination). History of anaphylaxis due to any cause
- ☐ **15 minutes:** All other persons

Are you feeling sick today?

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. However, as a precaution with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. **Mild illnesses are NOT contraindications to vaccination.** Do not withhold vaccination if a person is taking antibiotics.

Vaccination of persons with current SARS-CoV-2 infection should be deferred until the person has recovered from acute illness and they can discontinue isolation. This recommendation applies to persons who develop SARS-CoV-2 infection before receiving any vaccine doses as well as those who develop SARS-CoV-2 infection after the first dose but before receipt of the second dose.

Have you ever received a dose of COVID-19 vaccine?

COVID-19 vaccines are **NOT** interchangeable. COVID-19 vaccines are administered intramuscularly as either a two-dose series or single dose.

For two-dose products, check medical records, immunization information systems, and vaccination record cards to help determine the initial product received. Those who received a trial vaccine should consult with the trial sponsors to determine if it is feasible to receive additional doses. If the vaccine product used for the first dose cannot be determined or is no longer available, any available mRNA COVID-19 vaccine may be administered. Separate doses by at least 28 days. If two doses of different mRNA COVID-19 products are administered in these situations (or inadvertently), no additional doses of either product are recommended at this time.

VACCINE	NUMBER OF DOSES/SERIES	INTERVAL BETWEEN DOSES
Pfizer-BioNTech COVID-19 Vaccine	2	21 Days
Moderna COVID-19 Vaccine	2	28 Days
Janssen COVID-19 Vaccine	1	N/A

*The second dose should be administered as close to the recommended interval as possible. If this is not possible, the second dose of mRNA COVID-19 vaccine may be scheduled for administration up to 6 weeks (42 days) after the first dose.