

- ☐ **Completed COVID-19 Vaccine Screening Form**
- ☐ **Driver's License or Identification**
- ☐ **Prescription Insurance Card and/or Medicare Card** (if available, if you do not have prescription insurance there will not be a copay)



**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **M.I.:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Age:** \_\_\_\_\_ **Phone Number:** (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_ **Email:** \_\_\_\_\_

**Gender Assigned at Birth:**   Male      Female                      **Race:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Apt:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

Are you feeling sick today?	YES	NO	UNSURE
Have you ever received a dose of COVID-19 vaccine?	YES	NO	UNSURE
<b>If yes</b> , which vaccine product? (circle)			
Pfizer BioNTech	Moderna	Janssen (Johnson & Johnson)	Another Product: _____
Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something? For example, a reaction for which you were treated with epinephrine or EpiPen®, or for which you had to go to the hospital?	YES	NO	UNSURE
Was the severe allergic reaction after receiving a COVID-19 vaccine?	YES	NO	UNSURE
Was the severe allergic reaction after receiving another vaccine or another injectable medication?	YES	NO	UNSURE
Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19?	YES	NO	UNSURE
Have you received another vaccine in the last 14 days?	YES	NO	UNSURE
Have you had a positive test for COVID-19 or has a doctor ever told you that you had COVID-19?	YES	NO	UNSURE
Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies?	YES	NO	UNSURE
Do you have a bleeding disorder or are you taking a blood thinner?	YES	NO	UNSURE
Are you pregnant or breastfeeding?	YES	NO	UNSURE

I acknowledge that I have read or had explained to me the Emergency Use Authorization Fact Sheet for the following COVID-19 vaccine. I have also had the chance to ask questions which were answered to my satisfaction, and I understand the benefits and risks of the COVID-19 vaccine as described. I request that the COVID-19 vaccine be given to me or to the person named above for whom I am authorized to make this request.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Patient/Legal Guardian Signature Date

Printed Name (PLEASE PRINT CLEARLY)

**For Internal Use Only:**

Injection Site:      LA                      RA

**Moderna Lot:** **Pfizer Lot:** **J&J Lot:**

S. Bass                      M. Brannan                      R. Brown                      K. Elswick

L. Hester \_\_\_\_\_ T. Ruggeiro \_\_\_\_\_ K. Wright \_\_\_\_\_ Other \_\_\_\_\_

## Information for Vaccine Recipients

### **For more information on the Moderna COVID-19 Vaccine:**

Scan the QR code or to get the Fact Sheet for Recipients and Caregivers: [www.modernatx.com/covid19vaccine-eua](http://www.modernatx.com/covid19vaccine-eua)



### **For more information on the Janssen COVID-19 Vaccine:**

Scan the QR code or to get the Fact Sheet for Recipients and Caregivers: [www.janssencovid19vaccine.com](http://www.janssencovid19vaccine.com)



### **For more information on the Pfizer COVID-19 Vaccine:**

Scan the QR code or to get the Fact Sheet for Recipients and Caregivers: [www.cvdvaccine.com](http://www.cvdvaccine.com)



### **To Enroll on V-safe:**

V-safe is a web-based tool that uses text messaging and web surveys to provide personalized health check-ins after you receive a COVID-19 vaccination. Through v-safe, you can quickly tell CDC if you have any side effects after getting the COVID-19 vaccine. Depending on your answers, someone from CDC may call to check on you and get more information. And v-safe will remind you to get your second COVID-19 vaccine dose if you need one.



Your participation in CDC's v-safe makes a difference — it helps keep COVID-19 vaccines safe scan the QR code or go to [vsafe.cdc.gov](http://vsafe.cdc.gov)