



COVID-19 Immunization Screening and Consent Form (please print)

Recipient Name: Preferred Name: Gender Pronouns:

Date of Birth: Email Address: Preferred Language:

Address: City / State / Zip:

Phone Number: Parent/Guardian/Surrogate if under 18 years old

Table with 2 columns: Sex Assigned at Birth, Current Gender ID. Includes key for gender options like M - Male, W - Female, etc.

Table with 2 columns: Ethnicity, Race. Includes key for ethnicity and race options like DECL - Declined, HIS - Hispanic, etc.

Primary Insurance Name: Primary Insurance ID #: Uninsured Social Security #:

Are you: (check all that apply) Living in Public Housing A migrant worker Homeless

Screening Questionnaire

- 1. Are you feeling sick today?
2. In the last 10 days, have you had a COVID-19 test because you had symptoms...
3. Have you been treated with antibody therapy or convalescent plasma for COVID-19...
4. Have you ever had an immediate allergic reaction...
5. Are you pregnant or considering becoming pregnant?
6. Are you moderately or severely immunocompromised...
7. Do you have a bleeding disorder...
8. Do you have a history of myocarditis...
9. Have you received 2 doses of the Pfizer or Moderna COVID-19 vaccine?
10. Have you received a previous dose of the Janssen COVID-19 vaccine?
11. Have you received a previous booster dose of COVID-19 vaccine...
12. If you had a previous dose of Janssen...
13. Are you 50 years of age or older...
14. Are you 18-49 years of age...
15. Have you received a previous dose of a COVID-19 vaccine authorized by the WHO...

*Question 6 pertains to additional dose eligibility



Emergency Use Authorization

The FDA has made the COVID-19 vaccine available under an emergency use authorization (EUA). The EUA is used when circumstances exist to justify the emergency use of drugs and biological products during an emergency, such as the COVID-19 pandemic. This vaccine has not undergone the same type of review as an FDA-approved or cleared product. However, the FDA's decision to make the vaccine available is based on the totality of scientific evidence available, showing that known and potential benefits of the vaccine outweigh the known and potential risks. Please note: FDA approved the Pfizer-BioNTech COVID-19 vaccine as a two-dose series in individuals 16 years of age and older. The vaccine continues to be available under an EUA for certain populations, including for those individuals 5 through 15 years of age and for the administration of a third dose in the populations set forth in the consent section below.

Consent

I have read, or had explained to me, the information sheet about the COVID-19 vaccination. I understand that if my vaccine requires two doses, I will need to be administered (given) two doses to be considered fully vaccinated. Further, I understand that a third dose of my vaccine ("booster") may be recommended for me to receive at least 6 months following the second dose.

I have had a chance to ask questions which were answered to my satisfaction (and ensured the person named above for whom I am authorized to provide surrogate consent was also given a chance to ask questions). I understand the benefits and risks of the vaccination as described.

I request that the COVID-19 vaccination be given to me (or the person named above for whom I am authorized to make this request and provide surrogate consent). I understand there will be no cost to me for this vaccine. I understand that any monies or benefits for administering the vaccine will be assigned and transferred to the vaccinating provider, including benefits/monies from my health plan, Medicare or other third parties who are financially responsible for my medical care. I authorize release of all information needed (including but not limited to medical records, copies of claims and itemized bills) to verify payment and as needed for other public health purposes, including reporting to applicable vaccine registries.

Recipient/Surrogate/Guardian (Signature) Date/Time Print Name Relationship to Patient, if other than recipient

Area Below to be Completed by Vaccinator

Table with 4 columns: Vaccine Name, Administration, EUA Fact Sheet Date, Manufacturer & Lot #. Rows include Pfizer / BioNTech, Moderna, Janssen, Administration Site, and Dosage.

I have provided the patient (and/or parent, guardian or surrogate, as applicable) with information about the vaccine and consent to vaccination was obtained.

PLACE Rx LABEL HERE

Signature, Vaccinator