

SCREENING GUIDANCE PRIOR TO PROVIDING COVID-19 VACCINATION

**Prior to the administration of a COVID-19 vaccination, please circle the correct answer for each question:**

1. Have you been exposed to anyone with COVID-19, or tested positive for COVID-19, within the last 14 days?
  - No, vaccine not deferred
  - Yes, defer vaccine until quarantine or isolation period has ended

Do you have one of the following symptoms? If yes, defer vaccine until resolved or COVID-19 ruled out.

- Cough, new onset, unrelated to known chronic conditions
- Shortness of breath, new onset unrelated to known chronic conditions

2. Have you experienced at least two of the following symptoms in the past 24 hours? If yes, vaccine should be deferred until recovery from acute illness, or symptoms resolved.
  - Fever – A temperature of 99 degrees or above, regardless of other symptoms, the vaccine should be deferred until the fever is resolved without the use of fever reducing medications.
  - Chills
  - Repeated shaking with chills
  - Muscle Pain
  - Headache
  - Sore Throat
  - New loss of taste or smell

If yes, vaccine should be deferred until recovery from acute illness, or symptoms resolved.

3. Have you received another vaccine within the past 14 days?
  - No – vaccine not deferred
  - Yes – vaccine should be deferred until there has been a minimum interval of 14 days before or after administration with any other vaccine
4. Have you been diagnosed with COVID-19 and been treated with monoclonal antibodies or convalescent plasma within the last 90 days?
  - No – vaccine not deferred
  - Yes – vaccine should be deferred for at least 90 days to avoid interference of the treatment with vaccine induced immune responses
5. Have you had a severe reaction (e.g. anaphylaxis) to any component of the Moderna COVID-19 vaccine?
  - No – vaccine not deferred
  - Yes – contraindication to receiving the vaccine. Do not administer the vaccine

The Moderna COVID-19 Vaccine contain the following ingredients: messenger ribonucleic acid (mRNA), 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, and sucrose.

6. Do you meet criteria to receive the COVID-19 vaccine based on the current or one of the past phases of the COVID-19 Vaccination Allocation Plan? If an individual provides information, take their word.

Current Phase of Allocation Plan \_\_\_\_\_ \*See attached COVID-19 Vaccination Allocation Plan

- No – vaccine deferred. Based on information provided make individual aware of which phase they will be eligible for
- Yes – Vaccine not deferred

# COVID-19 VACCINE CONSENT

COVID-19 vaccines will help prevent a disease that can be dangerous, or even deadly. Authorized or approved vaccines will help reduce the risk of disease by working with the body's natural defenses to safely develop protection (immunity) to disease. COVID-19 vaccines help our bodies develop immunity to the virus that causes COVID-19 without us having to get the illness. It typically takes a few weeks for the body to develop immunity to the virus after vaccination. Therefore, it is possible that a person could be infected with the virus that causes COVID-19 just before or just after vaccination and then get sick because the vaccine did not have enough time to provide protection.

Sometimes after vaccination, the process of building immunity can cause symptoms, such as fever. These symptoms are normal and are a sign that the body is building immunity. The vaccine is NOT a live virus and will not give you COVID-19. All but one of the COVID-19 vaccines that are currently in Phase 3 clinical trials in the United States use two shots. The first shot starts building immunity and protection. A second shot a few weeks later is needed to get the most protection the vaccine has to offer.

## RISKS & POSSIBLE SIDE EFFECTS

COVID-19 vaccines have shown to generally cause only mild side effects. Most commonly, reactions may be soreness or tenderness at the injection site, fever, chills, fatigue, headaches or muscle aches. These effects usually last 24 to 48 hours. There is a possibility, as with any vaccine or drug, that an allergic or other serious reaction, or even death, could occur. Moreover, medical events completely unrelated to vaccine administration may occur coincidentally in the period following vaccination.

## **IF YOU EXPERIENCE ANY SIGNIFICANT REACTIONS, CONTACT YOUR PHYSICIAN.**

I have read the above information about COVID-19 and the COVID-19 vaccine Emergency Use Authorization (EUA) patient fact sheet with patient education information, and I have had a chance to ask questions. I have answered all of the COVID-19 vaccination screening questions to the best of my knowledge and have been truthful with my answers. I understand the benefits and risks of the COVID-19 vaccination and request that the vaccine be given to me.

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NAME (Please Print)

Date of Birth

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PHONE NUMBER

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SIGNATURE

Date/Time

# COVID-19 VACCINATION ADMINISTRATION FORM

<b>Name:</b>	<b>ID/Social Security Number:</b>
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<b>Address:</b>
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Street	City	State	Zip	County
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<b>Birthdate:</b> /        /	<b>Phone Number:</b>
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Month	Day	Year			
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<b>RACE:</b> check one or more	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other
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<b>Ethnicity:</b>	Hispanic or Latino		<b>Sex:</b>	<input type="checkbox"/> Female	<input type="checkbox"/> Male
	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

<b>Do you have MEDICAID?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>If Yes, Medicaid number:</b>
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<b>Do you have MEDICARE?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>If Yes, Medicare number:</b>
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<b>Do you have health insurance?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>If Yes, company name:</b>
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<b>Policy #:</b>	<b>Subscriber Name:</b>	<b>Group #:</b>
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The COVID-19 vaccine is free. An administration fee may be billed to your insurance company or a government fund for the uninsured but will not result in any cost to the vaccine recipient.

I authorize the billing of the administration fee to my insurance provider if applicable.

<b>Signature of person to receive vaccine or legal guardian/representative</b>	<b>Date</b>

<b>For Facility Use Only:</b>
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COVID-19 Vaccine Manufacturer	ADMINISTRATION	
	First Dose	
	Lot #:	Exp. Date:
	Site (IM):	Administered by:
	Date:	Time:
	Second Dose	
	Lot #:	Exp. Date:
Site (IM):	Administered by:	
Date:	Time:	