



Please print neatly in cap the example below E X A M P L E			Please answer all questior as possible	ns as completely	Use reverse side for notes				
Personal Information.	Provid	de information a	as completely as you can.	All information	will be kept confidential.				
Last Name			First N	ame	MI Gender				
Street No. or PO Box Street Name Apt. Number									
City			C	ounty	State				
Zip Code Ph	one		E-mail						
		]-							
Date of Birth		Race/Ethnici	ty (Check all that apply)		□ Hispanic /Latino				
Mative Hawaiian/Pacific Islander   White   Mative Hawaiian/Pacific Islander   White   Other									
Health Insurance Info	mation			arr maint in it is a second	Insurance Policy Number				
☐ Medicaid ☐ Medicare ☐ Kaiser Permanente ☐ Other Private ☐ No Insurance ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐									
Health Screening Que	estions	**Footnotes for p	precautions/contraindication	ns are on other side	e of this document** Yes* No				
1. Are you sick today?									
2. Do you have a serious			•						
		•	ous dose of vaccine or any m						
4. Have you had severe allergic reaction to any component of either the Pfizer-BioNTech or the Moderna vaccine?									
5. Are you pregnant, or is there a chance you may become pregnant in the next 14 days?  6. Have you received any vaccinations in the last 14 days?									
7. Have you been ill with or recovered from a COVID infection or had antibody therapy in the past 3 months?									
8. Do you have any of the following illnesses or conditions?  Chronic lung disease (including asthma), heart disease, diabetes, brain, spinal cord or muscle illness that causes swallowing or lung problems, problems with the immune system caused by medications and/or HIV, kidney disease, liver disease, blood disorders									
•				·					
Please identify Phase Category you are in (please choose only one)  1A-Highest risk: Direct contact w COVID patients, LTC staff/residents  2-Higher risk and essential workers: Age 65 or older, or Individuals: 1) With									
underlying health conditions; 2) In direct contact with the public; 3) Working in or serving people in high density settings; 4) Health care workers not included in Phase 1, and; 5) Who received the placebo in Clinical Trials.  Health care workers with less direct contact with COVID-19 patients  underlying health conditions; 2) In direct contact with the public; 3) Working in or serving people in high density settings; 4) Health care workers not included in Phase 1, and; 5) Who received the placebo in Clinical Trials.  3-General Public: Age 18-64 without high-risk conditions									
Authorization to Administer COVID Vaccine									
I have read or had explained to me, and I understand the risks and benefits of receiving the vaccine. I have had a chance to ask questions, which were answered to my satisfaction. I hereby release this provider, its employees and its volunteers from any liability for any results which may occur from the administration of this vaccine.									
Patient, Parent/Guardian Signature: Date:									
STOP - DO NOT WRITE BELOW THIS LINE									
COVID/VFC PIN	Clinic N	Name Provider	Type: Public Private	Prescribing Provider	Name				
Manufacturer —	Dosage	je Lot No.		Sitte.	Date Administered				
☐ PFR (Pfizer) ☐ AstraZeneca. ☐ Moderna Oxford Biomedica ☐ SP/GSK ☐ J&J	0.3 m			RD RT	M M D D Y Y Y Y				
<u> </u>				Administered by:					

## Triage of persons presenting for vaccination with either Pfizer-BioNTech or the Moderna COVID-19 vaccine

	MAY PROCEED WITH VACCINATION	PRECAUTION TO VACCINATION	CONTRAINDICATION TO VACCINATION	
	CONDITIONS	CONDITIONS	CONDITIONS	
CONDITIONS	<ul><li>Immunocompromising conditions</li><li>Pregnancy</li><li>Lactation</li></ul>	Moderate/severe acute illness	None	
	ACTIONS	ACTIONS	ACTIONS	
	<ul><li>Additional information provided</li><li>15 minute observation period</li></ul>	<ul> <li>Risk assessment</li> <li>Potential deferral of vaccination</li> <li>15 minute observations period if vaccinated</li> </ul>	• N/A	
	ALLERGIES	ALLERGIES	ALLERGIES	
ALLERGIES	<ul> <li>History of food, pet, insect, venom, environmental, latex, or other allergies not related to vaccines or injectable therapies</li> <li>History of allergy to oral medications (including the oral equivalent of an injectable medication)</li> <li>Non-serious allergy to vaccines or other injectables (e.g., no anaphylaxis)</li> <li>Family history of anaphylaxis that is not related to a vaccine or injectable therapy</li> </ul>	<ul> <li>History of severe allergic reaction         (e.g., anaphylaxis) to another vaccine         (not including either the Pfizer-         BioNTech or the Moderna vaccine)</li> <li>History of severe allergic reaction         (e.g., anaphylaxis) to an infectable         therapy</li> </ul>	History of severe allergic reaction (e.g., anaphylaxis) to any component of either the Pfizer-BioNTech or the Moderna vaccine	
	ACTIONS	ACTIONS	ACTIONS	
	<ul> <li>30 minute observation period: Persons with a history of severe allergic reaction (e.g., anaphylaxis) due to any cause</li> <li>15 minute observation period: Persons with allergic reaction, but not anaphylaxis</li> </ul>	<ul> <li>Risk assessment</li> <li>Potential deferral of vaccination</li> <li>30 minute observation period if vaccinated</li> </ul>	DO NOT VACCINATE	

Regarding "Yes" answer to Question 7-Recent illness or antibody therapy. Vaccination should be deferred for 90 days as the circulating antibodies may interfere with vaccine response.

NOTES:		