

<b>BRANCH HILLSDALE ST. JOSEPH COMMUNITY HEALTH AGENCY COVID-19 VACCINATION FORM</b>		
Last name:	Maiden or other name:	First name:
Gender at birth:	DOB:	Age:
Street Address:		Phone:
City:	State:	Zip Code:
<b>Race: (Please circle one option)</b> *White   *Black/African-American   *Asian   *Chinese   *Japanese *Filipino   *Arab   *Alaskan Native   *American Indian/Alaskan Native *Native Hawaiian/Other Pacific Islander   *Native Hawaiian   *Other Race   *Unknown		<b>Ethnicity: (Please circle one option)</b> *Unknown *Hispanic/Latino *Not Hispanic/Latino

### Screening Checklist for Contradictions to the Covid-19 Vaccine

1. Are you feeling sick today?

Yes  No  NA

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

Yes  No  NA

**If yes, which product?**

**Pfizer**

**Moderna**

**Johnson & Johnson**

**Another Product**  \_\_\_\_\_

3. Have you ever had an allergic reaction with hives, swelling within 4 hours of exposure, respiratory distress or wheezing that required an injection of epinephrine (EpiPen), admission to an emergency room or hospital due to:

- A component of the COVID-19 vaccine due to polyethylene glycol (PEG)

Yes  No  NA

- Polysorbate (emulsifiers used in some pharmaceuticals and food preparations)

Yes  No  NA

- A previous dose of any COVID-19 vaccine

Yes  No  NA

- An allergic reaction to another vaccine (Shingles, DPT, etc.)

Yes  No  NA

- An allergic reaction to any food, pet, environmental or medication

Yes  No  NA

4. Have you received Covid-19 treatment with passive antibody or convalescent plasma therapy?

Yes  No  NA

5. Have you received another vaccine (Shingles, DT, etc.) in the last 14 days?

Yes  No  NA

6. Have you ever had a positive test for COVID-19 or has a doctor ever told you that you had COVID-19 infection? Yes  No  NA
7. Do you have a weakened immune system caused by HIV infection, cancer, autoimmune disease or do you take immunosuppressive medications? Yes  No  NA
8. Do you have a bleeding disorder or do you take a blood thinner medication? Yes  No  NA
9. Are you currently pregnant or are you breastfeeding? Yes  No  NA
10. Do you need an EUA (Emergency Use Authorization) Fact Sheet because you did not receive it via email or you do not have access to a computer? **The Fact Sheet contains information to help you understand the risks and benefits of the vaccine you will receive.** Yes  No

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

By signing I certify that the answers to the above questions are true to the best of knowledge, I have reviewed and received the vaccine information and I give consent to receive the vaccine from BHSJ CHA.

**Please explain any “YES” answers from the questions here:**

**FOR HEALTH DEPARTMENT USE ONLY**

<p><b>Covid-19 Vaccine (Circle One)</b></p> <p>Pfizer</p> <p>Moderna</p> <p>Johnson &amp; Johnson</p>	<p>LOT Number:</p> <p>_____</p>	<p>VIS Literature-NA (EUA Fact Sheet)</p>	<p>Injection Site:</p> <p>SITE: LD <input type="checkbox"/> RD <input type="checkbox"/></p>
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**By signing, I certify that the patient in question has been given vaccine information and that any and all applicable questions and forms were answered and reviewed prior to vaccine administration.**

\_\_\_\_\_  
Nurse Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time