TEMPLATE ONLY

This template is not legal advice. Talk to your attorney for guidance.

# COVID-19 Vaccine Screening and Agreement

Information collected on this form will be used to document that you have received vaccine(s). Information about your vaccine(s) may be shared through the Minnesota Immunization Information Connection (MIIC) with other health care providers, schools, health departments, and others authorized under law to receive it. If you have any questions, please ask your doctor or other health care provider. If you have questions about MIIC, refer to [MIIC and the Public (www.health.state.mn.us/people/immunize/miic/public.html)](https://www.health.state.mn.us/people/immunize/miic/public.html) or call 1-800-657-3970.

**Assignment of benefits and responsibilities for payment**: This lets us bill your health plan or company and to receive payment directly.

I authorize this health provider to bill my health plan or other payers on my behalf, and to receive payment of authorized benefits.

## Contact information – person being vaccinated

Patient’s name (last, first, middle):

Date of birth:

Age:

Primary phone number:

Address (street or P.O. Box):

City:

State:

ZIP code:

Mother’s name (last, first, middle - if younger than 18 years):

Mother’s maiden name (if younger than 18 years):

## Payment information

Bring a copy of your insurance card with you!

**Primary insurance carrier**:

Policy/ID/member number:

Group number:

**Secondary insurance carrier**:

Policy/ID/member number:

Group number:

**Policy holder, if different from the person getting vaccinated:**

Name:

Date of birth:

Company payment:

Company name:

Check here if person getting the vaccine does not have insurance.

## Agreement

By signing below, I understand, recognize, approve, and agree that:

* I have received and read or had explained to me the Emergency Use Authorization Fact Sheet for the following COVID-19 vaccine: [Insert name of vaccine product].
* I have 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 agree to receive the COVID-19 vaccine for myself or for the person named above.

Signature of patient or parent/guardian:

Date: / /

## Health history

If you answer yes to any of these questions, the person giving you the vaccine may need more information from you before you get the vaccine:

| **Yes** | **No** | **Unknown** | **Question** |
| --- | --- | --- | --- |
| Yes | No |  | Are you the correct age to receive the COVID-19 vaccine?   * Pfizer-BioNTech: You must be 6 months or older. * Moderna vaccine: You must be 6 months or older. * Novavax vaccine: You must be 12 years and older. |
| Yes | No | Unknown | Do you have HIV infection, other immunocompromising conditions, or take immunosuppressive medications or therapies? |
| Yes | No | Unknown | Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine? |
| Yes | No | Unknown | Immediate, non-severe allergic reaction (within 4 hours) to a previous COVID-19 vaccine dose or known (diagnosed) allergy to a component of the vaccine or any of its ingredients? |
| Yes | No | Unknown | Immediate allergic reaction to any other vaccine (non-COVID-19) or injectable therapy (e.g., shots in the muscle (intramuscular), in the vein (intravenous), or into the fatty tissue (subcutaneous)? Does not include allergy shots. |
| Yes | No | Unknown | Are you feeling sick today? |
| Yes | No | Unknown | Have a history of Multisystem Inflammatory Syndrome after having COVID-19 disease? |
| Yes | No | Unknown | Have a history of myocarditis or pericarditis after a previous dose of Moderna, Pfizer-BioNTech or Novavax COVID-19 vaccine? |
| Yes | No | Unknown | Have you had any other vaccinations in the last 4 weeks? |
| Yes | No | Not applicable | Have you ever received a dose of COVID-19 vaccine?  If yes, list vaccine product and date(s) received: |

**DO NOT WRITE BELOW THIS LINE**

## Vaccine information

| **COVID-19 Vaccine Presentation1** | **EUA Fact Sheet Date** | **Route2** | **Manufacturer3** | **Lot Number** | **Admin Site4** | **Person Admin5** |
| --- | --- | --- | --- | --- | --- | --- |
| COVID-19 Comirnaty (Pfizer) 12 years and older (gray cap), 0.3 mL |  | IM | PFR |  |  |  |
| COVID-19 Pfizer 5-11 years (blue cap), 0.3 mL |  | IM | PFR |  |  |  |
| COVID-19 Pfizer 6 months – 4 years (yellow cap), 0.3 mL |  | IM | PFR |  |  |  |
| COVID-19 Spikevax (Moderna) 12 years and older (blue cap/blue label), 0.5 mL |  | IM | MOD |  |  |  |
| COVID-19 Moderna 6-11 years (blue cap/ green label), 0.25 mL |  | IM | MOD |  |  |  |
| COVID-19 (Novavax), 0.5 mL |  | IM | NVX |  |  |  |

1. **COVID-19 Vaccine Presentation** = lists specific product name (e.g., Pfizer, Moderna, Novavax, etc.)
2. **Route:** IM = Intramuscular
3. **Manufacturer:** MOD = Moderna, PFR = Pfizer, NVX= Novavax
4. **Site Vaccine Given:** LD = Left Deltoid, RD = Right Deltoid, LT = Left Thigh, RT = Right Thigh
5. **Signature or initials of person administering vaccine:** Can be used if more than one person is administering vaccines.

Signature and title of person administering vaccine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date administered: \_\_\_/\_\_\_/\_\_\_\_\_\_\_\_

## Information for health care professionals about the pre-vaccination form for COVID-19 vaccine

[For health care providers, not for the patient]

This information is derived from the [CDC: Use of COVID-19 Vaccines in the United States (www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html)](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html). We will reference this document as CDC’s Interim Clinical Considerations below and note specific sections where information can be found.

### Age

Follow recommendations for vaccine administration to authorized age groups found under each vaccine product’s emergency use authorization (EUA) or package insert. For Moderna, Novavax and Pfizer-BioNTech COVID-19 vaccine primary series doses, an 8-week interval is suggested between dose one and two for immunocompetent people 6 months to 64 years of age, and especially males 12-39 years.

Immediate allergic reaction

An immediate allergic reaction to a vaccine or medication is defined as any hypersensitivity-related signs or symptoms such as urticaria (hives), angioedema (painless swelling under the skin, often happens with hives), respiratory distress (e.g., wheezing, stridor), or anaphylaxis that occur within four hours following administration.

### Have you had a severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine?

CDC considers this to be a contraindication to vaccination with COVID-19 vaccines. People with an allergy-related contraindication to one type of COVID-19 vaccine have a contraindication or precaution to the other types of COVID-19 vaccines. For additional details, refer to the following sections of CDC’s Interim Clinical Considerations: Contraindications and precautions and Appendix E: Triage of people with a history of allergies or allergic reactions. For a full list of ingredients included in COVID-19 vaccines, refer to [FDA: COVID-19 Vaccines (www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines)](https://mn365.sharepoint.com/sites/MDH/response/coronavirus/comm/https/www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines) and [CDC: U.S. COVID-19 Vaccine Product Information (www.cdc.gov/vaccines/covid-19/info-by-product/index.html)](https://www.cdc.gov/vaccines/covid-19/info-by-product/index.html).

### Have you had an immediate, non-severe allergic reaction to a previous dose or known (diagnosed) allergy to a component of the COVID-19 vaccine or any of its ingredients?

CDC considers this to be a precaution to vaccination with COVID-19 vaccines. Non-severe allergic reactions may include urticaria (hives) beyond the injection site and angioedema (visible swelling) involving lips, facial skin, or skin in other locations. Angioedema affecting the airway (e.g., tongue, uvula, or larynx) would be a **severe** allergic reaction. For additional details, refer to the following sections of CDC’s Interim Clinical Considerations: Contraindications and precautions and Appendix E: Triage of people with a history of allergies or allergic reactions. For a full list of ingredients included in COVID-19 vaccines, refer to COVID-19 vaccine-specific [FDA: COVID-19 Vaccines](https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines) and [U.S. COVID-19 Vaccine Product Information](https://www.cdc.gov/vaccines/covid-19/info-by-product/index.html).

### Immediate allergic reaction to any other vaccines (non-COVID-19) or injectable therapy (intramuscular, intravenous, or subcutaneous)? Does not include allergy shots.

People with a history of an immediate allergic reaction to a non-COVID-19 vaccine or injectable therapy that contains multiple components, one or more of which is a component of a COVID-19 vaccine, but it is unknown which component elicited the allergic reaction, have a precaution to vaccination with that COVID-19 vaccine. These people may benefit from consultation with an allergist-immunologist who can perform a more detailed risk assessment for COVID-19 vaccine receipt and possibly allergy testing. For additional details, refer to the following sections of CDC’s Interim Clinical Considerations: Contraindications and precautions and Appendix E: Triage of people with a history of allergies or allergic reactions.

### Are you feeling sick today?

There is no evidence that someone who is sick when vaccinated will decrease the vaccine’s effectiveness or increase vaccine adverse events. If a person has COVID-19 symptoms, they should isolate following current guidelines, get tested, and if necessary, seek medical care. As a precaution, when someone is moderately to severely ill, all vaccines should be delayed until the illness has improved. A person who is mildly ill (e.g., diarrhea, upper respiratory infection, etc.), can still receive a vaccine, including people who are taking an antibiotic.

People should be offered vaccination regardless of their history of symptomatic or asymptomatic COVID-19 infection, including people with prolonged post-COVID-19 symptoms. Vaccination of people with known current COVID-19 infection should be deferred until at least the person has recovered from the acute illness (if the person had symptoms) and they have met criteria to discontinue isolation. This recommendation applies to people who experience COVID-19 infection before receiving any COVID-19 vaccine dose. For details, including additional information on delaying vaccine doses, refer to the following section of CDC’s Interim Clinical Considerations: COVID-19 vaccination and SARS-CoV-2 infection.

### Have a history of Multisystem Inflammatory Syndrome after SARS-CoV-2 infection?

Given the lack of data on the safety of COVID-19 vaccines in people with a history of MIS-C and MIS-A, a conversation between the patient, their guardian(s), and their clinical team or a specialist (e.g., specialist in infectious diseases, rheumatology, or cardiology) is strongly encouraged to assist with decisions about the use of COVID-19 vaccines. Additional details can be found in the following section of CDC’s Interim Clinical Considerations: COVID-19 vaccination and MIS-C and MIS-A section.

### Have a history of myocarditis or pericarditis after a previous dose of Moderna, Pfizer-BioNTech, or Novavax COVID-19 vaccine?

CDC considers this to be a precaution to vaccination with mRNA COVID-19 vaccines (i.e., Moderna or Pfizer-BioNTech) or Novavax COVID-19 vaccine. Refer to their primary care provider to receive an assessment of their current health condition and assessment of individual benefits and risks. For more details, refer to the following section of CDC’s Interim Clinical Considerations: COVID-19 vaccination and myocarditis and pericarditis.

### Have you had any other vaccinations in the last 4 weeks?

Because of the observed risk for myocarditis after receipt of ACAM2000 orthopoxvirus vaccine and mRNA (i.e., Moderna and Pfizer-BioNTech) and Novavax COVID-19 vaccines and the unknown risk for myocarditis after JYNNEOS, people, particularly adolescent or young adult males, might consider waiting 4 weeks after orthopoxvirus vaccination (either JYNNEOS or ACAM2000) before receiving a Moderna, Novavax, or Pfizer-BioNTech COVID-19 vaccine. However, if an orthopoxvirus vaccine is recommended for prophylaxis in the setting of an outbreak, orthopoxvirus vaccination should not be delayed because of recent receipt of a Moderna, Novavax, or Pfizer-BioNTech COVID-19 vaccine; no minimum interval between COVID-19 vaccination with these vaccines and orthopoxvirus vaccination is necessary.

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

Refer to the following sections of CDC’s Interim Clinical Considerations: COVID-19 vaccination overview and timing, spacing and interchangeability. Verify a person’s age, what vaccine they have received, and the date(s) of prior dose(s) to assure the correct vaccine product and dose interval is used.

### Other considerations

* **Chronic health condition** – is not a contraindication or precaution for vaccination.
* **Immunocompromised conditions** (e.g., HIV infection, immunosuppressive medications, or therapies, etc.) – immunocompromised people age 6 months and older should receive a COVID-19 vaccine series as soon as possible. They should be counseled regarding the potential for reduced immune responses and that the vaccine may not fully protect them. People need to continue to follow current guidance to protect themselves.
  + **Moderately or severely immunocompromised** – Because the immune response following COVID-19 vaccination may differ in moderately or severely immunocompromised people, CDC has specific guidance for this population. For more details refer to the following sections of the CDC’s Interim Clinical Considerations for Use of COVID-19 Vaccines: COVID-19 Vaccines, Recommendations, and Schedule for People who are moderately or severely immunocompromised.
* **Bleeding disorder or are taking a blood thinner** – recommended to use a fine-gauge needle (23 gauge or smaller) for the vaccination, followed by firm pressure on the site, without rubbing, for at least 2 minutes.
* **Dermal filler(s)** – advise to contact their health care provider for evaluation if they develop swelling at or near the site of dermal filler following vaccination. For additional details, refer to the following section of CDC’s Interim Clinical Considerations: Special Populations.
* **Pregnant** – Both CDC and ACOG urge that pregnant people be vaccinated. Pregnant and recently pregnant people with COVID-19 are at increased risk for severe illness when compared with non-pregnant people. Early data supports that vaccination is well-tolerated and elicits a protective immune response. For details, refer to the following section of CDC’s Interim Clinical Considerations: Consideration involving pregnancy, lactation, and fertility.
* **Passive antibody therapy for prevention or treatment for COVID-19** – COVID-19 vaccination can be given at any time following receipt of antibody products as part of COVID-19 treatment, post-exposure prophylaxis, or pre-exposure prophylaxis once the isolation or quarantine period has been completed. For details, refer to the following section of CDC’s Interim Clinical Considerations: COVID-19 vaccination and SARS-CoV-2 infection.
* **COVID-19 vaccines and myocarditis and pericarditis** – Ongoing safety monitoring of the mRNA and Novavax COVID-19 vaccines has found increased risks of myocarditis and pericarditis, predominantly in males 12-39 years of age within the first week of receiving the second dose.

An 8-week interval between the first and second doses of an Moderna, Pfizer-BioNTech, and Novavax COVID-19 vaccine primary series may be optimal for some people ages 6 months–64 years, especially for males ages 12–39 years, as it may reduce the small risk of myocarditis/pericarditis associated with mRNA and Novavax COVID-19 vaccines.

Clinicians should consult the following section of CDC’s Interim Clinical Considerations for Use of COVID-19 Vaccines: Safety considerations for COVID-19 vaccines or the [CDC: Clinical Considersations: Myocarditis and Pericarditis after Receipt of mRNA COVID-19 Vaccines (www.cdc.gov/vaccines/covid-19/clinical-considerations/myocarditis.html)](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/myocarditis.html) when deciding whether to administer aCOVID-19 vaccine to someone with a history of myocarditis or pericarditis or when a patient presents with symptoms of myocarditis or pericarditis.

Find EUA fact sheets for health care providers and recipients and caregivers at [FDA: COVID-19 Vaccines (www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines)](https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines).

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