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) 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. It also means that you agree to pay for services not covered by your health plan. There is no cost for the COVID-19 vaccine, although you may be billed an administration fee.

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 vaccine: You must be 16 years or older. • Moderna vaccine: You must be 18 years or older. • Johnson & Johnson (Janssen) vaccine: You must be 18 years or older.
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 allergic reaction (within 4 hours) of any severity to a previous COVID-19 vaccine dose or known (diagnosed) allergy to a component of the vaccine or any of its ingredients (including polyethylene glycol [PEG] or polysorbate)?
Yes	No	Unknown	Immediate allergic reaction to any other vaccine 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	Received monoclonal antibodies or convalescent plasma as part of COVID-19 treatment in the past 90 days?
Yes	No	Unknown	Exposed to another person with known COVID-19 disease?
Yes	No	Not applicable	Have you ever received a dose of COVID-19 vaccine? If yes, list vaccine product and date received:

Yes	No	Unknown	Question
Yes	No	Not applicable	Did you have a delayed allergic reaction at the injection site (e.g., redness, itching) after a first dose of COVID-19 vaccine?
Yes	No	Unknown	Have you received any other vaccines (that were not COVID-19 vaccine) within the past 14 days?
Yes	No	Not applicable	Are you pregnant?

DO NOT WRITE BELOW THIS LINE

Vaccine information

COVID-19 Vaccine Presentation[1]	EUA Fact Sheet Date	Route[2]	Manufacturer[3]	Lot Number	Admin Site[4]	Person Admin[5]
COVID-19 (Pfizer)		IM	PFR			
COVID-19 (Moderna)		IM	MOD			
COVID-19 (Janssen)		IM	JSN			

1. **COVID-19 Vaccine Presentation** = lists specific product name (e.g., Pfizer, Moderna, Janssen, etc.)
2. **Route:** IM = Intramuscular
3. **Manufacturer:** MOD = Moderna, PFR = Pfizer, JSN = Janssen
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: Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States (www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html).

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(n):

- **Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine?**
- **Immediate allergic reaction of any severity within 4 hours to a previous dose or known (diagnosed) allergy to a component of the vaccine or any of its ingredients (including polyethylene glycol [PEG] or polysorbate)?**

Known polysorbate allergy is no longer a contraindication to mRNA vaccination; however, known polysorbate allergy is a contraindication to Johnson & Johnson's Janssen COVID-19 vaccine and thus, a precaution to mRNA COVID-19 vaccination.

Polyethylene glycol (PEG) is an ingredient in both mRNA COVID-19 vaccines, and polysorbate 80 is an ingredient in Janssen COVID-19 vaccine. PEG and polysorbate are structurally related, and cross-reactive hypersensitivity between these compounds may occur.

People with a contraindication to one of the mRNA COVID-19 vaccines should not receive doses of either of the mRNA vaccines (Pfizer-BioNTech or Moderna). However, people with a contraindication to mRNA COVID-19 vaccines may be able to receive Janssen COVID-19 vaccine, and vice versa, provided certain measures are taken.

Immediate allergic reaction to any other vaccine or injectable therapy (intramuscular, intravenous, or subcutaneous)? Does not include allergy shots.

A history of any immediate allergic reaction to any other vaccine or injectable therapy (i.e., intramuscular, intravenous, or subcutaneous vaccines or therapies (excluding subcutaneous immunotherapy for allergies, i.e., "allergy shots")) not related to a component of mRNA COVID-19 vaccines or polysorbate) is a precaution but not a contraindication to vaccination.

The following are **not** a contraindication or precaution to mRNA COVID-19 vaccine: Non-injected medicines (e.g., food/eggs, pet dander, venom, environmental or seasonal allergies, or latex allergies; oral medications). People with any of these allergies may be vaccinated.

People with a reaction to a vaccine or injectable therapy that contains multiple components, one of which is a vaccine component, but in whom it is unknown which component elicited the immediate allergic reaction, have a precaution to vaccination.

People with a contraindication to one type of the currently authorized COVID-19 vaccines (e.g., mRNA) have a precaution to the other (e.g., Janssen viral vector). However, because of potential cross-reactive hypersensitivity between ingredients in other vaccines and injectable products, consultation with an allergist-immunologist should be considered to help determine if the patient can safely receive vaccination. Vaccination of these people should only be undertaken in an appropriate setting under the supervision of a health care provider experienced in the management of severe allergic reactions.

- People with a contraindication to mRNA COVID-19 vaccines (including due to a known PEG allergy): Consideration may be given to vaccination with Janssen COVID-19 vaccine. People who have received one mRNA COVID-19 vaccine dose but for whom the second dose is contraindicated should wait at least 28 days after the mRNA vaccine dose to receive Janssen COVID-19 vaccine.
- People with a contraindication to Janssen COVID-19 vaccine (including due to a known polysorbate allergy): Consideration may be given to mRNA COVID-19 vaccination. Of note, polysorbate allergy is no longer a contraindication to mRNA COVID-19 vaccination, it is a precaution.

However, people who have had an immediate allergic reaction of any severity to a vaccine or injectable therapy or have a contraindication to a different type of COVID-19 vaccine or have a history of anaphylaxis due to any cause, **should be observed for 30 minutes after vaccination.** All other people should be observed for 15 minutes.

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. 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.

Postpone vaccination of people with a known current COVID-19 infection until the person has recovered from acute illness (if they had symptoms) and criteria have been met for them to complete isolation. This recommendation applies to people who develop COVID-19 infection before receiving any vaccine doses and those who develop a COVID-19 infection after the first dose but before receiving the second dose. While there is otherwise no recommended minimum interval between infection and vaccination, current evidence suggests that reinfection is uncommon in the 90 days after initial infection (see CDC: Interim Guidance on Duration of Isolation and Precautions for Adults with COVID-19 (www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html)). This means people with documented acute COVID-19 infection in the preceding 90 days *may* delay vaccination until near the end of this period, if desired.

Have you received passive antibody therapy as treatment for COVID-19?

Based on the estimated half-life of monoclonal antibodies or convalescent plasma as part of COVID-19 treatment, as well as evidence suggesting that reinfection is uncommon in the 90 days after initial infection, **vaccination should be deferred for at least 90 days,** as a precautionary measure until additional information becomes available, to avoid interference of the antibody treatment with vaccine-induced immune responses.

For people receiving antibody therapies not specific to COVID-19 treatment (e.g., intravenous immunoglobulin, RhoGAM), administering mRNA COVID-19 vaccines is unlikely to significantly interfere with the development of a protective antibody response (for vaccine administration either at the same time or any interval before or after receiving antibody therapies). Therefore, there is no recommended minimum interval between other antibody therapies and mRNA COVID-19 vaccination.

Exposed to another person with known COVID-19 disease?

Defer vaccination until the person's quarantine period has ended. If the person is a resident in a congregate setting, see Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States (www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html).

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

If the person received mRNA COVID-19 vaccine (e.g., Pfizer BioNTech or Moderna) as a first dose, it is recommended to receive the same COVID-19 vaccine product as the second dose as they are not interchangeable. In exceptional situations where the same mRNA vaccine is no longer available, any available mRNA COVID-19 vaccine may be administered at minimum interval of 28 days between doses to complete the mRNA COVID-19 vaccination series.

Did you have a delayed allergic reaction at the injection site after a first dose of COVID-19 vaccine?

People with only a delayed-onset local reaction (e.g., erythema, induration, pruritus) around the injection site area after the first vaccine dose do not have a contraindication or precaution to the second dose. They should receive the second dose using the same vaccine product as the first dose at the recommended interval, preferably in the opposite arm.

Have you received any other vaccines within the past 14 days?

If the person has received another vaccine within the past 14 days, reschedule the COVID-19 vaccine at least 14 days from the last vaccine administered.

COVID-19 and other vaccines may be administered within a shorter period in situations where the benefits of vaccination are deemed to outweigh the potential unknown risks of vaccine co-administration (e.g., tetanus-toxoid-containing vaccination as part of wound management, rabies vaccination for post-exposure prophylaxis, measles or hepatitis A vaccination during an outbreak) or to avoid barriers to or delays in to COVID-19 vaccination (e.g., in long-term care facility residents or health care personnel who received influenza or other vaccinations before or upon admission or onboarding).

If COVID-19 vaccines are administered within 14 days of another vaccine, doses do not need to be repeated for either vaccine.

Are you pregnant?

If a pregnant woman is part of a group that is recommended to receive a COVID-19 vaccine, she may choose to be vaccinated. Her health care provider can help her make an informed decision. Factors to consider include community transmission, personal risk of contracting COVID-19, the risks to her and potential risks to the fetus, the efficacy of the vaccine, the side effects of the vaccine, and the lack of data about the vaccine during pregnancy.

Other considerations

People who mention they have a(n):

- Chronic health condition – is not a contraindication or precaution for vaccination.
- Immunocompromised conditions (e.g., HIV infection, immunosuppressive medications or therapies, etc.): Should be counseled regarding the potential for reduced immune responses and that the vaccine may not fully protect them. There is unknown vaccine safety profile and effectiveness in immunocompromised populations. People need to continue to follow current guidance to protect themselves.
- Bleeding disorder or are taking a blood thinner – this should just be a reminder to hold pressure to the site.
- 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.