Colorado COVID-19
Vaccine Screening and Administration Form

Please print neatly in capital letters as shown in the example below	*Please answer all questions as completely as possible*	***Health Screening Questions are on reverse side of this document*
EXAMPLE 123		

Personal Information. Provide information as completely as you can. All information will be kept confidential.

Last Name **First Name** **MI**

Date of Birth (M M / D D / Y Y Y Y) **Street No. or PO Box** **Street Name**

Apt. Number **City** **County**

State **Zip Code** **Phone** (- -)

Gender Identity
☐ M ☐ F ☐ X ☐ Unspecified ☐ Decline to Provide

E-mail

Race(s) check all that apply
- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Black, African American
- ☐ Native Hawaiian/Pacific Islander
- ☐ Other
- ☐ Decline to Provide
- ☐ White

Ethnicity
- ☐ Hispanic/Latin/a/o/x
- ☐ Non-Hispanic/Latin/a/o/x
- ☐ Decline to Provide

Health Insurance Information
☐ Medicaid ☐ Medicare ☐ Kaiser Permanente ☐ Other Private ☐ No Insurance

Insurance Policy Number

Have you already received a COVID vaccine? ☐ Y ☐ N **When? (Date)** _____ **Brand?** _____

Please identify your Phase Category (please choose only one)

☐ **1A. High-risk HCWs and LTC.**

☐ **1B.1-Moderate risk HCWs, age 70 +, and first responders**

☐ **1B.2-Ages 65-69, PK-12 educators and child care workers in licensed child care programs, continuity of state government:** 1) Child care workers in licensed child care programs 2) Teachers (full-time and substitutes) bus, food, counselors, administrative, safety and other school support services offered inside the school; 3) Select members of the Executive and Judicial branches of state government

☐ **1B.3 a. Frontline essential workers:** Food & Agriculture, Manufacturing; USPS; Public transit and specialized transportation staff; Grocery; Public Health; faith leaders; frontline essential human services workers and direct care providers for Coloradans experiencing Homeless; Essential frontline journalists

☐ **1B.3 b. People age 16-64 with 2 or more high risk conditions: Check all that apply:**
- ☐ Cancer-currently receiving treatment or treated within the last month;
- ☐ Chronic kidney disease
- ☐ COPD
- ☐ Diabetes Mellitus
- ☐ Down Syndrome
- ☐ Specific heart conditions:
  - ☐ heart failure,
  - ☐ cardiomyopathies or coronary artery disease,
  - ☐ severe valvular/congenital heart disease
- ☐ Obesity (BMI ≥ 30 kg/m^2)
- ☐ Sickle cell disease
- ☐ Solid organ transplant
- ☐ People with disabilities that prevent them from wearing a mask.

Authorization to Administer COVID-19 Vaccine

I have read or had explained to me, and I understand the risks and benefits of receiving the COVID-19 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 Name Provider Type: ☐ Public ☐ Private

Prescribing Provider Name

Manufacturer
☐ PFR (Pfizer) ☐ AstraZeneca ☐ Moderna ☐ Novavax ☐ Janssen

Lot Number

Dosage
☐ 0.3 ml ☐ 0.5 ml

Site
☐ LD ☐ LT ☐ RD ☐ RT

Date Administered (M M / D D / Y Y Y Y)

Administered by:

Name _____ Title _____

Rev. 02/10/2021

Health Screening Questions		Yes	No
1.	Are you sick today?		
2.	Have you ever had an allergic reaction to polysorbate, polyethylene glycol, or a previous dose of COVID-19 vaccine? ^*		
3.	Have you ever had a serious allergic reaction (anaphylaxis) to another vaccine or any injectable medication? #		
4.	Have you had severe allergic reaction (anaphylaxis) to foods, pets, environmental or oral medications?		
5.	Are you pregnant or breastfeeding?		
6.	Have you received any vaccinations in the last 14 days?		
7.	Have you received any dermal fillers (Juvaderm®, Restylane®, etc.)? §		
8.	Have you been ill with or recovered from a confirmed COVID infection within the past 3 months? §§		
9.	Have you had convalescent plasma or monoclonal antibodies as part of COVID-19 treatment in the past 3 months? ‡		

NOTES:

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Precautions/Contraindications for vaccination

Triage of persons presenting for mRNA COVID-19 vaccination

	CONTRAINDICATION TO VACCINATION	PRECAUTION TO VACCINATION	MAY PROCEED WITH VACCINATION
ALLERGIES	History of the following are contraindications to receiving either of the mRNA COVID-19 vaccines: • Severe allergic reaction (e.g., anaphylaxis) after a previous dose of an mRNA COVID-19 vaccine or any of it's components • Immediate allergic reaction# of any severity to a previous dose of an mRNA COVID-19 vaccine or any of it's components (including polyethylene glycol)^ • Immediate allergic reaction of any severity to polysorbate*^	• Among persons without a contraindication, a history of: • Any immediate allergic reaction# to vaccines or injectable therapies	Among persons without a contraindication or precaution, a history of: • Allergy to oral medications (including the oral equivalent of an injectable medication) • History of food, pet, insect, venom, environmental, latex, etc., allergies • Family history of allergies
ACTIONS	• Do not vaccinate^ • Consider referral to allergist-immunologist	• Risk assessment • 30 minute observation period if vaccinated • Consider deferral of vaccination for further risk assessment and possible referral to allergist-immunologist	• 30 minute observation period: Persons with a history anaphylaxis (due to any cause) • 15 minute observation period: All other persons

Any hypersensitivity-related signs or symptoms consistent with urticaria, angioedema, respiratory distress (e.g., wheezing, stridor), or anaphylaxis that occur within four hours following administration.

^These persons should not receive mRNA COVID-19 vaccination at this time unless they have been evaluated by an allergist-immunologist and it is determined that the person can safely receive the vaccine (e.g., under observation, in a setting with advanced medical care available)

*Polyethylene glycol (PEG), an ingredient in both mRNA COVID-19 vaccines, is structurally related to polysorbate and cross-reactive hypersensitivity between these compounds may occur. Information on ingredients of a vaccine or medication (including PEG, a PEG derivative, or polysorbates) can be found in the package insert. PEG and polysorbate are common excipients in many vaccines, injectable therapies, and other products. Persons with a known (diagnosed) allergy to PEG, another mRNA vaccine component, or polysorbate, have a contraindication to vaccination. Persons with a reaction to a vaccine or injectable therapy that contains multiple components, one of which is PEG, another mRNA vaccine component or polysorbate, but in whom it is unknown which component elicited the immediate allergic reaction have a precaution to vaccination.

Potential characteristics of allergic reactions, vasovagal reactions, and vaccine side effects following mRNA COVID-19 vaccination

Characteristics	Immediate allergic reactions (including anaphylaxis)	Vasovagal reaction	Vaccine side effects (local and systemic)
Timing after vaccination	Most occur within 15-30 minutes of vaccination	Most occur within 15 minutes	Median of 1 to 3 days after vaccination (with most occurring the day after vaccination)
Sign and symptoms			
Constitutional	Feeling of impending doom	Feeling warm or cold	Fever, chills, fatigue
Cutaneous	Skin symptoms present in ~90% of people with anaphylaxis, including pruritus, urticarial, flushing, angioedema	Pallor, diaphoresis, clammy skin, sensation of facial warmth	Pain, erythema or swelling at injection site; lymphadenopathy in same arm as vaccination
Neurologic	Confusion, disorientation, dizziness, lightheadedness, weakness, loss of consciousness	Dizziness, lightheadedness, syncope (often after prodromal symptoms for a few seconds or minutes), weakness, changes in vision (such as spots of flickering lights, tunnel vision), changes in hearing	Headache
Respiratory	Shortness of breath, bronchospasm, wheezing, stridor, hypoxia	Variable; if accompanied by anxiety, might have an elevated respiratory rate	N/A
Gastrointestinal	Nausea, vomiting, abdominal cramps, diarrhea	Nausea, vomiting	Vomiting or diarrhea might occur
Musculoskeletal	N/A	N/A	Myalgia, arthralgia
Vaccine recommendations			
Recommended to receive 2nd dose of mRNA COVID-19 vaccine?	NO	Yes	Yes

https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html

02/11/2021