Prevaccination Checklist for COVID-19 Vaccines

For vaccine recipients:

The following questions will help us determine if there is any reason you should not get the COVID-19 vaccine today. **If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated.** It just means additional questions may be asked. If a question is not clear, please ask your healthcare provider to explain it.

Name ______________________

Age ______________________

	Yes	No	Don't know
1. Are you feeling sick today?	☐	☐	☐
2. Have you ever received a dose of COVID-19 vaccine?	☐	☐	☐
• If yes, which vaccine product did you receive? ☐ Pfizer ☐ Moderna ☐ Janssen *(Johnson & Johnson)* ☐ Another Product ______			
• Did you bring your vaccination record card or other documentation? *(yes/no)*	☐	☐	
3. Have you ever had an allergic reaction to: *(This would include a severe allergic reaction [e.g., anaphylaxis] that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that caused hives, swelling, or respiratory distress, including wheezing.)*			
• A component of a COVID-19 vaccine, including either of the following:			
○ Polyethylene glycol *(PEG)*, which is found in some medications, such as laxatives and preparations for colonoscopy procedures	☐	☐	☐
○ Polysorbate, which is found in some vaccines, film coated tablets, and intravenous steroids	☐	☐	☐
• A previous dose of COVID-19 vaccine	☐	☐	☐
4. Have you ever had an allergic reaction to another vaccine *(other than COVID-19 vaccine)* or an injectable medication? *(This would include a severe allergic reaction [e.g., anaphylaxis] that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that caused hives, swelling, or respiratory distress, including wheezing.)*	☐	☐	☐

5. Check all that apply to you:

- ☐ Am a female between ages 18 and 49 years old
- ☐ Am a male between ages 12 and 29 years old
- ☐ Have a history of myocarditis or pericarditis
- ☐ Had a severe allergic reaction to something other than a vaccine or injectable therapy such as food, pet, venom, environmental or oral medication allergies
- ☐ Had COVID-19 and was treated with monoclonal antibodies or convalescent serum
- ☐ Diagnosed with Multisystem Inflammatory Syndrome (MIS-C or MIS-A) after a COVID-19 infection
- ☐ Have a weakened immune system (i.e., HIV infection, cancer)
- ☐ Take immunosuppressive drugs or therapies
- ☐ Have a bleeding disorder
- ☐ Take a blood thinner
- ☐ Have a history of herparin-induced thrombocytopenia (HIT)
- ☐ Am currently pregnant or breastfeeding
- ☐ Have received dermal fillers

Form reviewed by ______________________ **Date** ______________

Adapted with appreciation from the Immunization Action Coalition (IAC) screening checklists

JOHNSTON COUNTY PUBLIC HEALTH DEPARTMENT
PATIENT REGISTRATION FORM FOR COVID 19 VACCINE CLINICS

LAST NAME	FIRST NAME	MIDDLE INITIAL	BIRTH DATE	AGE

MAILING ADDRESS	EMAIL ADDRESS

CITY	STATE	ZIP	COUNTY
			051

HOME PHONE	CELL PHONE	Social Security Number (Optional)

Marital Status M / S / W / P / D Sex M / F Language: ❑ English ❑ Spanish ❑ Other

Race: ❑ Asian ❑ Black ❑ American Indian /Alaskan Native ❑ White ❑ Hawaiian/Pacific Islander ❑ Other

Ethnicity: ❑ Hispanic ❑ Non-Hispanic ❑ Other

VACCINE REQUESTED:

☐ **COVID VACCINE DOSE #1 (VIS Date 08/12/2021) English / Spanish**
☐ **COVID VACCINE DOSE #2 (VIS Date 08/12/2021) English / Spanish**
☐ **COVID VACCINE DOSE #3 (VIS Date 08/12/2021) English / Spanish**

PAYOR :

☐ MEDICARE PART B # ______________________________

☐ MEDICAID # ____________________________________

☐ INSURANCE NAME & POLICY # ________________________________

☐ SELF PAY $_________________________ (NPI 1528157211) Insurance Purposes

PATIENT CONSENT/ASSIGNMENT OF BENEFITS/RELEASE FOR TPO

- **The Notice of Privacy Practices describes how Johnston County Health Department may use or disclose information about you. Johnston County is required to give you notice of our privacy practices for the information we collect and keep about you. I have been given a copy of Johnston County's Notice of Privacy Practices and have been informed about the intent of the document. I also understand that if I have questions concerning this document I will be provided opportunity for further explanation upon request.**
- **I have read or have had explained to me information about the above listed immunizations, vaccines, or injections. I have received a copy of the VIS statement & I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the listed immunizations, vaccines, or injections, and request that they be administered to me or to the person named above for whom I am authorized to make this request.**
- **I request that payment of authorized Insurance Companies and/or Payor's, should I receive these services, be made to Johnston County Public Health Department for providing the Covid 19 Vaccine.**
- **I, do hereby swear that I am 18 years or older and have given consent to Johnston County Public Health Department to administer the above vaccine and/or have given my verbal consent for this registration form to be signed on my behalf.**

Patient/Guardian Consent ________________________________ **Date** ______________

Verbal Consent by: ______________________ Witness: ____________________ **Date** ____________

Relationship: __________________________

ALLERGIES:	VACCINE PREPARED BY

IMM/VACCINE/INJECTION	INJECTION SITE	MANUFACTURER/LOT NO.	VACCINE ADMIN BY
COVID 19 VACCINE **Z23 / 91301 Moderna Z23 / 91300 Pfizer** **Z23 / 91303 Johnson & Johnson**	**L - R DELT**		

Updated (8/16/2021) ☐ CVMS ☐ Immu.Cmd Vaccine Admin Fees: Moderna 1st 0011A 2nd 0012A 3rd 0013A
Vaccine Admin Fees: Pfizer 1st 0001A 2nd 0002A 3rd 0003A
Vaccine Admin Fee: J & J 0031A