

Vaccine Informed Consent (COVID)

Patient Information

First Name: _____ Last Name: _____ Date of Birth: _____ Age: _____
 Address: _____ Phone: _____

Insurance Information

Insurance Name: _____ BIN Number: _____
 ID Number: _____ Group Number: _____

For Pfizer or Moderna COVID-19 Vaccination Series

Are you here to receive: DOSE 1 or DOSE 2 *Date DOSE 1 received: ___/___/___ Manufacturer: Pfizer or Moderna

If dose 2: **For Staff: Verify the interval and initial _____ 28 days (Moderna: range of 26-35 days is acceptable)**

Screening Questionnaire

	Yes	No
Are you sick today? If yes, list your symptoms: _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you or anyone in your household been exposed to, diagnosed with, or has been placed in quarantine for COVID-19 in the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you received passive antibody therapy as treatment for COVID-19 in the past 90 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you received any vaccinations in the past 2 weeks? If yes, please list: _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a severe allergic reaction (anaphylaxis) to any medications, latex, foods, pets or insects that required the use or treatment with epinephrine (EpiPen)? If yes, please list allergies: _____	<input type="checkbox"/>	<input type="checkbox"/>
*Must be observed for 30 minutes post-vaccination		
Do you have an underlying medical condition like liver, kidney, heart disease, diabetes, or are immunocompromised?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a bleeding disorder or are you taking a blood thinner?	<input type="checkbox"/>	<input type="checkbox"/>
For women: Are you currently pregnant?	<input type="checkbox"/>	<input type="checkbox"/>

I, the undersigned, hereby acknowledge that I have received the Emergency Use Authorization (EUA) vaccine sheet. I have had the opportunity to ask questions for the immunization to be administered to me or the person named above, for whom I am authorized to make this request. I agree to allow my immunization information to be stored and accessed by authorized users in Nevada's WebIZ. I voluntarily request that the vaccine be given to me or for the aforementioned person for whom I am authorized to make this request. By signing this document, I declare that the above information is true and accurate to the best of my knowledge.

I authorize the vaccine to be administered by a trained student pharmacist.

Signature: _____ Date: _____

If under 18, print name of parent, guardian or caregiver: _____

Vaccine	Lot #	Exp Date	Route	Site	Dose	Date Given	Administered by:
Moderna (MOD) or Janssen (JSN)			IM	LD or RD	0.5 ml		

Vaccine Informed Consent (COVID) - Demographic Information

Patient Information	
First Name: _____ Last Name: _____ Date of Birth: _____	
Ethnicity	Race
Please check <i>all applicable</i> boxes: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Non-Latino <input type="checkbox"/> Not Known	Please check <i>all applicable</i> boxes: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Mixed <input type="checkbox"/> Unknown
Personnel Groups: Please check <i>one</i> of the groups below that best describes you:	
Frontline/Essential Workforce <input type="checkbox"/> Healthcare Personnel (Acute Care Hospital) <input type="checkbox"/> Healthcare Personnel in a Long-term Care Facility <input type="checkbox"/> Frontline Healthcare Personnel (Psychiatric/Substance Abuse Hospital Setting) <input type="checkbox"/> Emergency Medical Service Personnel (EMS) <input type="checkbox"/> Frontline Public Health Personnel <input type="checkbox"/> Laboratory Workers <input type="checkbox"/> Pharmacist/Pharmacy Technician/Pharmacy Cashier <input type="checkbox"/> Healthcare Personnel (Outpatient Setting) <input type="checkbox"/> Home Healthcare Personnel <input type="checkbox"/> Nevada Department of Corrections Personnel/Juvenile Detention Center Staff <input type="checkbox"/> Frontline Law Enforcement Personnel (includes Police Departments, Sheriff's Offices and Highway Patrol) <input type="checkbox"/> Deployed and Mission Critical Personnel <input type="checkbox"/> State Emergency Operations Center Personnel <input type="checkbox"/> Other Frontline Personnel, please specify: _____ Public Safety and Security <input type="checkbox"/> NV Dept of Corrections <input type="checkbox"/> Law enforcement, Public Safety, and National Security <input type="checkbox"/> State and Local Emergency Operations Managers/Staff Frontline Community Support <input type="checkbox"/> Education (Pre-K, K-12) and childcare <input type="checkbox"/> NSHE Frontline educators, staff, and students <input type="checkbox"/> Community Support Frontline Staff (support food, shelter, court/legal, social services and other necessities of life for needy groups and individuals) <input type="checkbox"/> Continuity of Governance (State and Local) <input type="checkbox"/> Essential Public Transportation <input type="checkbox"/> Remaining Essential Public Health Workforce <input type="checkbox"/> Mortuary Services	Frontline Supply Chain and Logistics <input type="checkbox"/> Agriculture and Food Processing <input type="checkbox"/> End-to-end Essential Goods Supply Chain <input type="checkbox"/> Utilities and Communications Infrastructure <input type="checkbox"/> NDOT and Local Emergency Road Personnel <input type="checkbox"/> Frontline Airport Operations <input type="checkbox"/> Other Essential Transportation Frontline Commerce and Service Industries <input type="checkbox"/> Food Service and Hospitality <input type="checkbox"/> Hygiene Products and Services <input type="checkbox"/> Depository Credit Institution Workforce Frontline Infrastructure <input type="checkbox"/> Infrastructure, Shelter, and Housing (Construction) <input type="checkbox"/> Essential Mining Operations Other <input type="checkbox"/> Community Support Administrative Staff <input type="checkbox"/> NSHE Students living in campus-sponsored residential settings <input type="checkbox"/> NSHE Remaining Workforce <p style="text-align: center;">OR</p> General Population <input type="checkbox"/> Nevadans 70 years and older <input type="checkbox"/> Nevadans 65-69 years <input type="checkbox"/> Nevadans 16-64 years with underlying conditions <input type="checkbox"/> Individuals with disabilities <input type="checkbox"/> Nevadans Experiencing Homelessness <input type="checkbox"/> Nevadans 16-64 years, healthy adults