Prevaccination Checklist for COVID-19 Vaccines

For vaccine recipients:

Name _____

Age _____

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.

	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 _____			
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 occurred within 4 hours 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.			
• A vaccine or injectable therapy that contains multiple components, one of which is a COVID-19 vaccine component, but it is not known which component elicited the immediate reaction.			
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 occurred within 4 hours that caused hives, swelling, or respiratory distress, including wheezing.)			
5. Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something other than a component of COVID-19 vaccine, or any vaccine or injectable medication? This would include food, pet, venom, environmental, or oral medication allergies.			
6. Have you received any vaccine in the last 14 days?			
7. Have you ever had a positive test for COVID-19 or has a doctor ever told you that you had COVID-19?			
8. Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19?			
9. Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies?			
10. Do you have a bleeding disorder or are you taking a blood thinner?			
11. Do you have a history of or a risk factor for a blood clotting disorder?			
12. Are you pregnant or breastfeeding?			
13. Do you have dermal fillers?			

Form reviewed by _____ **Date** _____

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

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Prevaccination Checklist for COVID-19 Vaccines

Information for Healthcare Professionals

For additional information on COVID-19 vaccine clinical guidance, see https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html.

For additional information on Advisory Committee on Immunization Practices *General Best Practice Guidelines for Immunization*, see https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html.

Three COVID-19 vaccines are currently authorized for use in the United States. These vaccines are authorized for use among different age groups.

PRODUCT	AUTHORIZED AGE GROUPS
Pfizer-BioNTech COVID-19 Vaccine	16 years of age and older
Moderna COVID-19 Vaccine	18 years of age and older
Janssen COVID-19 Vaccine (Johnson & Johnson)	18 years of age and older

Anyone outside the authorized age groups for a product should not receive the vaccine.

Postvaccination Observation Times for Persons without Contraindications to COVID-19 Vaccination

- **30 minutes:** History of an immediate allergic reaction of any severity to a vaccine or injectable therapy. People with a contraindication to a different type of COVID-19 vaccine (for example, people with a contraindication to mRNA COVID-19 vaccines who receive Janssen viral vector vaccine should be observed for 30 minutes following Janssen vaccination). History of anaphylaxis due to any cause
- **15 minutes:** All other persons

Age

Thrombosis with thrombocytopenia syndrome (TTS) is a rare syndrome that involves acute venous or arterial thrombosis and new onset thrombocytopenia in patients with no recent known exposure to heparin. TTS has been reported in the U.S. after receipt of Janssen COVID-19 vaccine. The FDA's EUA for Janssen COVID-19 Vaccine now includes a warning that rare clotting events might occur after vaccination, primarily among women aged 18–49 years.

Women 18 through 49 years of age can receive any FDA-authorized COVID-19 vaccine. However, they should be informed of the rare risk of TTS after receipt of the Janssen COVID-19 Vaccine in their age group and the availability of other FDA-authorized COVID-19 vaccines.

FDA has added a warning to the EUA and fact sheet for recipients. Additional recipient education materials can be found at CDC Recommends Use of Johnson & Johnson's Janssen COVID-19 Vaccine Resume | CDC

Are you feeling sick today?

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. However, as a precaution with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. **Mild illnesses are NOT contraindications to vaccination.** Do not withhold vaccination if a person is taking antibiotics.

Vaccination of persons with current SARS-CoV-2 infection should be deferred until the person has recovered from acute illness and they can discontinue isolation. This recommendation applies to persons who develop SARS-CoV-2 infection before receiving any vaccine doses as well as those who develop SARS-CoV-2 infection after the first dose but before receipt of the second dose.

Prevaccination Checklist for COVID-19 Vaccines

Information for Healthcare Professionals

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

COVID-19 vaccines are not interchangeable. COVID-19 vaccines are administered intramuscularly as either a two-dose series or single dose.

For two-dose products, check medical records, immunization information systems, and vaccination record cards to help determine the initial product received. Those who received a trial vaccine should consult with the trial sponsors to determine if it is feasible to receive additional doses. If the vaccine product used for the first dose cannot be determined or is no longer available, any available mRNA COVID-19 vaccine may be administered. Separate doses by at least 28 days. If two doses of different mRNA COVID-19 vaccine products are administered in these situations (or inadvertently), no additional doses of either product are recommended at this time.

Some people may have received a COVID-19 vaccine that is not currently authorized in the United States. Some of these persons may be considered fully vaccinated and others may be offered revaccination with an FDA-authorized vaccine:

- COVID-19 vaccines not authorized by FDA but authorized for emergency use by the World Health Organization (WHO) . A list of these vaccines can be found in Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States at https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html
  - People who completed a COVID-19 vaccination series with a vaccine that has been authorized for emergency use by the World Health Organization (WHO) **do not need** any additional doses with an FDA-authorized COVID-19 vaccine.
  - People who did not receive all the recommended doses of a COVID-19 vaccine series authorized for emergency use by WHO may be offered an FDA-authorized COVID-19 vaccine series. Wait at least 28 days after the last dose of the non-FDA-authorized vaccine before administering an FDA-authorized COVID-19 vaccine.
- COVID-19 vaccines not authorized by FDA or not authorized for emergency use by WHO
  - People who received a COVID-19 vaccine series (completed or did not receive all the recommended doses) with a vaccine that is not authorized by FDA or not authorized for emergency use by WHO may be offered an FDA-authorized COVID-19 vaccine series. Wait at least 28 days after the last dose of the non-FDA-authorized vaccine before administering an FDA-authorized COVID-19 vaccine.

Vaccine	NUMBER OF DOSES/SERIES	INTERVAL BETWEEN DOSES
Pfizer-BioNTech COVID-19 Vaccine	2	21 days
Moderna COVID-19 Vaccine	2	28 days
Janssen COVID-19 Vaccine	1	N/A

*The second dose should be administered as close to the recommended interval as possible. If this is not possible, the second dose of mRNA COVID-19 vaccine may be scheduled for administration up to 6 weeks (42 days) after the first dose.

COVID-19 Vaccine Components*

Description	Pfizer-BioNTech mRNA COVID-19 Vaccine	Moderna mRNA COVID-19 Vaccine	Janssen COVID-19 Vaccine
Active ingredients	Nucleoside-modified mRNA encoding the viral spike (S) glycoprotein of SARS-CoV-2	Nucleoside-modified mRNA encoding the viral spike (S) glycoprotein of SARS-CoV-2	Viral Vector; Recombinant, replication-incompetent Ad26 vector, encoding a stabilized variant of the SARS-CoV-2 Spike (S) protein
Inactive ingredients	2[(polyethylene glycol {PEG})-2000]-N, N-ditetradecylacetamide	PEG2000-DMG: 1,2-dimyristoyl-rac-glycerol, methoxypolyethylene glycol	Polysorbate-80
	1,2-distearoyl-sn-glycero-3-phosphocholine	1,2-distearoyl-sn-glycero-3-phosphocholine	2-hydroxypropyl-β-cyclodextrin (HBCD)
	Cholesterol	Cholesterol	Citric acid monohydrate
	(4-hydroxybutyl)azanediyl) bis(hexane-6,1-diyl) bis(2-hexyldecanoate)	SM-102: heptadecan-9-yl 8-((2-hydroxyethyl) (6-oxo-6-(undecyloxy) hexyl) amino) octanoate	Trisodium citrate dihydrate
	Sodium chloride	Tromethamine	Sodium chloride
	Monobasic potassium phosphate	Tromethamine hydrochloride	Ethanol
	Potassium chloride	Acetic acid	
	Dibasic sodium phosphate dihydrate	Sodium acetate	
	Sucrose	Sucrose	

When vaccine recipients report an immediate allergic reaction, providers should attempt to determine whether reactions reported following vaccination are consistent with immediate allergic reactions versus other types of reactions commonly observed following vaccination, such as vasovagal reaction or postvaccination side effects (which are not contraindications to receiving the second of an mRNA COVID-19 vaccine dose). See page 7 for additional information.

*None of the vaccines contain eggs, gelatin, latex, or preservatives.

Have you ever had an allergic reaction to:

- **A previous dose of COVID-19 vaccine**
- **Any component of a COVID-19 vaccine, including:**
  - » **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 vaccine or injectable therapy that contains multiple components, one of which is a COVID-19 vaccine component, but it unknown which component elicited the immediate allergic reaction.**

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.

» Persons 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). Persons with a contraindication to mRNA COVID-19 vaccines (including due to a known [diagnosed] allergy to PEG) have a precaution to Janssen COVID-19 vaccine.

» Persons with a contraindication to Janssen COVID-19 Vaccine (including due to a known [diagnosed] allergy to polysorbate) have a precaution to mRNA COVID-19 vaccines.

» In addition, persons 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.

Healthcare professionals should be familiar with identifying immediate-type allergic reactions, including anaphylaxis, and be competent in treating these events at the time of vaccine administration. Appropriate medical treatment for severe allergic reactions must be immediately available in the event that an acute anaphylactic reaction occurs following administration of a COVID-19 vaccine.
See Management of Anaphylaxis at COVID-19 Vaccination Sites | CDC for additional guidance.

Have you ever had an allergic reaction to another vaccine (other than COVID-19 vaccine) or another injectable medication?

A history of any immediate allergic reaction to any other vaccine or injectable therapy (i.e., intramuscular, intravenous, or subcutaneous vaccines or therapies not related to a component of COVID-19 vaccines) is a precaution to currently authorized COVID-19 vaccines. Vaccine may be given, but counsel patients about unknown risks of developing a severe allergic reaction and balance these risks against the benefits of vaccination. Deferral of vaccination and/or consultation with an allergist-immunologist may be considered. Considerations for vaccination include risk of exposure to SARS-CoV-2, risk of severe disease or death due to COVID-19, previous infection with COVID-19, unknown risk of anaphylaxis following COVID-19 vaccination, and ability of recipient to receive care immediately for anaphylaxis, if necessary. **These individuals should be observed for 30 minutes after vaccination.**

Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something other than a component of COVID-19 vaccine, or any vaccine or injectable medication? This would include food, pet, venom, environmental, or oral medication allergies.

Allergic reactions, including severe allergic reactions, NOT related to vaccines or injectable therapies, components of COVID-19 vaccines (including PEG), are NOT contraindications or precautions to vaccination with currently authorized COVID-19 vaccines. HOWEVER, individuals who have had severe allergic reactions to anything, regardless of cause, **should be observed for 30 minutes after vaccination.** All others, including those with immediate allergic reactions that were not severe, should be observed for 15 minutes.

Clinical Consideration Questions

Responses to these questions are not (on their own) contraindications or precautions to vaccination. However, healthcare professionals should be prepared to discuss information and options with patients based on their responses to the following questions.

Have you received another vaccine in the last 14 days?

The COVID-19 vaccine series should be administered alone, with a minimum interval of 14 days before or after administration of other vaccines. This recommendation is based on the lack of data on the safety and efficacy of COVID-19 vaccines administered simultaneously with other vaccines.

However, COVID-19 and other vaccines may be administered within a shorter period in situation where the benefits of vaccination are deemed to outweigh the potential unknown risks of vaccine coadministration (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 or delays to COVID-19 vaccination.

Have you had a positive test for COVID-19 or has a doctor ever told you that you had COVID-19?

Vaccination should be offered to persons regardless of history of prior symptomatic or asymptomatic SARS-CoV-2 infection. Vaccination of persons with known current SARS-CoV-2 infection should be deferred until the person has recovered from the acute illness (if the person had symptoms) and criteria have been met for them to discontinue isolation. There is no recommended minimum interval between infection and vaccination, suggesting that the risk of SARS-CoV-2 reinfection is low in the months after initial infection but may increase with time due to waning immunity. Viral testing to assess for acute SARS-CoV-2 infection or serologic testing to assess for prior infection solely for the purpose of vaccine decision-making is not recommended.

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.

Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies?

Persons with HIV infection or other immunocompromising conditions, or who take immunosuppressive medications or therapies, might be at increased risk for severe COVID-19. COVID-19 vaccines may be administered to persons with underlying medical conditions who have no contraindications to vaccination. However, they should be counseled about the unknown vaccine safety profile and effectiveness in immunocompromised populations, as well as the potential for reduced immune responses and the need to continue to follow all current guidance to protect themselves against COVID-19, including wearing a mask, social distancing, and washing hands frequently. Revaccination is not recommended after immune competence is regained in persons who received COVID-19 vaccines during chemotherapy or treatment with other immunosuppressive drugs.

Do you have a bleeding disorder or are you taking a blood thinner?

As with all vaccines, any COVID-19 vaccine product may be given to these patients, if a physician familiar with the patient's bleeding risk determines that the vaccine can be administered intramuscularly with reasonable safety. ACIP recommends the following technique for intramuscular vaccination in patients with bleeding disorders or taking blood thinners: A fine-gauge needle (23-gauge or smaller caliber) should be used for the vaccination, followed by firm pressure on the site, without rubbing, for at least 2 minutes.

People who take aspirin or anticoagulants as part of their routine medications do not need to stop these medications prior to receipt of the Janssen COVID-19 vaccine.

Do you have a history of or a risk factor for a blood clotting disorder?

Although the cause of thrombosis with thrombocytopenia syndrome (TTS) associated with the Janssen COVID-19 vaccine is unclear, it appears to be like heparin-induced thrombocytopenia (HIT). Until more information becomes available, experts advise that persons with a history of an immune-mediated syndrome characterized by thrombosis and thrombocytopenia, such as HIT, should be offered another COVID-19 vaccine (i.e., mRNA vaccine) if they are at least 90-180 days after resolution of their illness.

FDA has added a warning to the EUA and fact sheet for recipients. Additional recipient education materials can be found at CDC Recommends Use of Johnson & Johnson's Janssen COVID-19 Vaccine Resume | CDC

Venous thromboembolism (VTE),deep vein thrombosis, pulmonary embolism, or both, differ from HIT. Persons with a history of VTE or with a prior history of other types of clotting disorders as well as persons with risk factors for clotting disorders such as pregnancy, postpartum, certain hormonal contraceptives (e.g., combined oral contraceptives, patch, and ring) can be vaccinated with any FDA-authorized vaccine, including the Janssen COVID-19 vaccine.

Are you pregnant or breastfeeding?

Pregnant persons are eligible for and can receive a COVID-19 vaccine. Any of the currently authorized COVID-19 vaccines can be administered to pregnant or lactating people; ACIP does not state a product preference.

When making a decision, pregnant people and their healthcare providers should consider the level of COVID-19 community transmission, the patient's personal risk of contracting COVID-19, the increased risks of severe COVID-19 to the patient and potential risks to the fetus, the known and potential benefits of vaccination, the efficacy of the vaccine, the side effects of the vaccine, and the limited but growing data about the safety of the vaccine during pregnancy.

There are no data on the safety of COVID-19 vaccines in lactating people or the effects of COVID-19 vaccines on the breastfed infant or milk production/excretion. However, COVID-19 vaccines cannot cause infection in either the mother or the infant.

Pregnant, lactating, and post-partum people 18 through 49 years of age should be aware of the rare risk of TTS after receipt of the Janssen COVID-19 vaccine and the availability of other FDA-authorized COVID-19 vaccines (i.e., mRNA vaccines).

Do you have dermal fillers?

Persons who have received dermal fillers may develop temporary swelling at or near the filler injection site, usually face or lips, after a dose of an COVID-19 vaccine. Administer vaccines to persons with injectable dermal fillers who have no contraindications to vaccination. These persons should be advised to contact their healthcare provider if swelling develops at or near the site of dermal filler following vaccination.

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

In patients who experience post-vaccination symptoms, determining the etiology (including allergic reaction, vasovagal reaction, or vaccine side effects) is important to determine whether a person can receive additional doses of the vaccine (including the 2nd dose of an mRNA COVID-19 vaccine). The following table of signs and symptoms is meant to serve as a resource but may not be exhaustive, and patients may not have all signs or symptoms. Providers should use their clinical judgement when assessing patients to determine the diagnosis and appropriate management.

Characteristic	Immediate allergic reactions (including anaphylaxis)	Vasovagal reactions	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 day after vaccination)
Signs 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, urticaria, 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, wheezing, bronchospasm, stridor, hypoxia	Variable; if accompanied by anxiety, may have an elevated respiratory rate	N/A
Cardiovascular	Hypotension, tachycardia	Variable; may have hypotension or bradycardia during syncopal event	N/A
Gastrointestinal	Nausea, vomiting, abdominal cramps, diarrhea	Nausea, vomiting	Vomiting or diarrhea may occur
Musculoskeletal	N/A	N/A	Myalgia, arthralgia
Vaccine recommendations			
If vaccinated with mRNA COVID-19 vaccine as first dose, recommended to receive second mRNA vaccine dose?	No	Yes	Yes

Healthcare professionals or health departments in the United States can request a consultation from the Clinical Immunization Safety Assessment COVIDvax project for a complex COVID-19 vaccine safety question not readily addressed by CDC guidance about an individual patient residing in the United States.

ID_____

COVID-19 Vaccine Registration Form

03/16/2021

FIRST NAME	MIDDLE INITIAL	LAST NAME	CVX CODE	CPT CODE

DATE OF BIRTH	AGE	17 OR UNDER?	MISSED APPT	REFUSAL
/ /		☐ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☒ No

PHONE NUMBER **OK TO TEXT?** Yes No

EMAIL **OK TO EMAIL?** Yes No

STREET ADDRESS

RACE
- ☐ Alaskan Native (5)
- ☐ American Indian (5)
- ☐ Asian (4)
- ☐ Black (2)
- ☐ Native Hawaiian (7)
- ☐ Pacific Islander (7)
- ☐ White (1)
- ☐ Other (6)
- ☐ Unknown (9)

ETHNICITY
- ☐ Hispanic/Latino (1)
- ☐ Not Hispanic/Latino (2)
- ☐ Unknown (3)

SEX
- ☐ Female (F)
- ☐ Male (M)
- ☐ Other (O)
- ☐ Unknown (U)

CITY	STATE	ZIP	COUNTY OF RESIDENCE

PATIENT QUESTIONS – ANSWER THE DAY OF VACCINATION

Have you had any type of vaccine in the last two weeks?	☐ No	☐ Yes
Have you ever had a severe allergic reaction to a vaccine or any injection in the past?	☐ No	☐ Yes
Have you ever tested positive for COVID-19 or had a doctor tell you that you had COVID-19?	☐ No	☐ Yes
Have you been identified as either a probable or confirmed case of COVID-19 in the last two weeks?	☐ No	☐ Yes
Have you received antibody therapy (monoclonal or convalescent plasma) for COVID-19 in the last 3 months?	☐ No	☐ Yes
Do you have any serious health conditions (often called co-morbidities)?	☐ No	☐ Yes
Do you have a weakened immune system (ie, from HIV or cancer) or are you on immunosuppressive drugs?	☐ No	☐ Yes
Do you have a bleeding disorder or are you taking a blood thinner?	☐ No	☐ Yes
Are you pregnant or breastfeeding?	☐ No	☐ Yes
Do you feel sick today?	☐ No	☐ Yes
Is this your first or second dose in the last month?	☐ First dose	☐ Second dose

First dose manufacturer _____

First dose date _____

What group are you in? (select only one)

- ☐ Assisted Living Facility Resident (TPV1)
- ☐ Assisted Living Facility Staff (TPV2)
- ☐ Skilled Nursing Facility Resident (TPV3)
- ☐ Skilled Nursing Facility Staff (TPV4)
- ☐ State of Ohio DODD Resident (TPV5)
- ☐ State of Ohio DODD Staff (TPV6)
- ☐ State of Ohio Veterans Home Resident (TPV7)
- ☐ State of Ohio Veterans Home Staff (TPV8)
- ☐ State of Ohio MHAS Resident (TPV9)
- ☐ State of Ohio MHAS Staff (TPV10)
- ☐ State of Ohio DRC LTC Resident (TPV11)
- ☐ State of Ohio DRC LTC Staff (TPV12)
- ☐ Congregate Care Facility Resident (TPV13)
- ☐ Congregate Care Facility Staff (TPV14)
- ☐ Hospital worker Clinical Staff (TPV15)
- ☐ Hospital worker Administrative Staff (TPV16)
- ☐ Hospital worker Ancillary Staff (TPV17)
- ☐ Non-Hospital healthcare worker Clinical Staff (TPV20)
- ☐ Non-Hospital healthcare worker Administrative Staff (TPV18)
- ☐ Non-Hospital healthcare worker Ancillary Staff (TPV19)
- ☐ Emergency Medical Services EMTs/Paramedics (TPV21)
- ☐ Individuals over 80 years of age (TPV80)
- ☐ Individuals age 75 to 79 years of age (TPV75)
- ☐ Individuals age 70 to 74 years of age (TPV70)
- ☐ Individuals age 65 to 69 years of age (TPV65)
- ☐ Individuals with congenital disorders or early onset conditions with IDD (TPV22)
- ☐ Individuals working in K-12 schools (TPV23)
- ☐ Individuals with Congenital Disorders or Early in Life Conditions that Carried into Adulthood without IDD(TPV24)
- ☐ Diabetes Type 1 (TPV25)
- ☐ Pregnant (TPV26)
- ☐ Bone Marrow Transplant Recipient (TPV27)
- ☐ ALS (TPV28)
- ☐ Childcare Services Worker (TPV29)
- ☐ Funeral Services Worker (TPV30)
- ☐ Law Enforcement, Corrections, Firefighter (TPV31)
- ☐ Diabetes Type 2 (TPV32)
- ☐ End Stage Renal Disease (TPV33)
- ☐ Cancer (TPV34)
- ☐ Chronic Kidney Disease (TPV35)
- ☐ Chronic Obstructive Pulmonary Disease (TPV36)
- ☐ Heart Disease (TPV37)
- ☐ Obesity (TPV38)
- ☐ Individuals age 60 to 64 years of age (TPV60)
- ☐ Individuals age 50 to 59 years of age (TPV50)
- ☐ Individuals age 40 to 49 years of age (TPV40)
- ☐ Individuals age 16 to 39 years of age (TPVALL)

Please visit the CDC website cdc.gov/coronavirus/2019-ncov/vaccines/index.html to learn about the benefits and risks (VIS) of the COVID-19 vaccine. Please visit our website (posted at the clinic) to read our Privacy Policy (PP). By signing below, you agree that 1) you reviewed both the VIS and PP, 2) you understand the benefits and risks of the vaccine and you are asking that the vaccine be given to you or the person named on this form for whom you are authorized to make this request, 3) you hereby consent that we can bill your insurance, if applicable, 4) you authorize the release of this vaccination record and all information on this form to your state's Immunization Program and the CDC, and 5) we can release this record to your doctor, school, or employer if requested. If the person who is being vaccinated is age 17 or under, by signing below you agree that you are authorized to consent to the vaccination of the patient and the patient on this form may receive vaccine with or without you, as the parent or guardian, present at the time of vaccination. After receiving your vaccine we recommend you wait at least 15 minutes. If you leave the vaccination site before 15 minutes has passed after your vaccination you assume any risks associated with not waiting the recommended amount of time. Please be aware that staff may be taking pictures for social media and clinic improvement purposes. If you do not want your picture to be taken please let us know at the clinic.

PATIENT CONSENT/SIGNATURE (or parent/guardian if patient is age 17 or under)	DATE OF CONSENT
	/ /

OFFICE USE ONLY

VACCINE NAME	LOT NUMBER	EXPIRATION DATE	DOSE SIZE
COVID-19			☒ Full (1.0) ☐ Half (0.5)

MANUFACTURER
- ☐ Moderna (MOD)
- ☐ Johnson & Johnson (JNJ)
- ☐ Pfizer (PFR)
- ☐ Merck
- ☐ AstraZeneca (ASZ)
- ☐ Novavax
- ☐ GlaxoSmithKline
- ☐ Sanofi

ROUTE OF ADMIN	SITE OF INJECTION	DOSE IN SERIES	SERIES COMPLETE?
☒ IM ☐ TD ☐ IV ☐ NS ☐ SC ☐ ID ☐ O ☐ Oth	☐ RA ☐ RD ☐ RT ☐ Other ☐ LA ☐ LD ☐ LT _____	☐ First ☐ Second	☐ Yes ☐ No

VACCINATOR	NOTES	DATE OF VACCINATION
		/ /

CLINIC LOCATION	CLINIC TYPE	CLINIC ADDRESS	STATE VACCINE SYSTEM DATA ENTRY
			☐ By clinic/agency GIVING vaccine (N) ☐ By clinic/agency NOT giving vaccine (Y)

COVID-19 Vaccination

Ohio | Department of Health

Population/Occupation Data Checklist for COVID-19 Vaccine Recipients

Purpose: This checklist will be used to collect population and occupation information for COVID-19 vaccine recipients.

SECTION 1: INFORMATION ABOUT VACCINE RECIPIENT (PLEASE PRINT)

VACCINE RECIPIENT'S NAME	(First)	(M.I.)	(Last)
DATE OF BIRTH	(Month)	(Day)	(Year)

SECTION 2: INFORMATION ABOUT POPULATION AND/OR OCCUPATION

Instructions: Please **check only one box** in the section below. Please select the **primary reason** you are receiving the COVID-19 vaccine.

TARGET POPULATION/OCCUPATION

Phase 1A

- ☐ Assisted Living Facility – Resident
- ☐ Assisted Living Facility – Staff
- ☐ Skilled Nursing Facility (RCF) – Resident
- ☐ Skilled Nursing Facility (RCF) – Staff
- ☐ State of Ohio Dept. of Dev. Disabilities (DODD) – Resident
- ☐ State of Ohio Dept. of Dev. Disabilities (DODD) – Staff
- ☐ State of Ohio Veterans Home – Resident
- ☐ State of Ohio Veterans Home – Staff
- ☐ State of Ohio Mental Health/Addiction Services (MHAS) – Resident
- ☐ State of Ohio Mental Health and Addiction Services (MHAS) – Staff
- ☐ State of Ohio Dept. of Rehabilitation & Correction – LTC residents
- ☐ State of Ohio Dept. of Rehabilitation & Correction – LTC staff
- ☐ Congregate Care Facility – Resident
- ☐ Congregate Care Facility – Staff
- ☐ Hospital worker – Clinical Staff
- ☐ Hospital worker – Administrative Staff
- ☐ Hospital worker – Ancillary Staff
- ☐ Non-Hospital healthcare worker – Administrative Staff

Phase 1A (Continued)

- ☐ Non-Hospital healthcare worker – Ancillary Staff
- ☐ Non-Hospital healthcare worker – Clinical Staff
- ☐ Emergency Medical Services (EMTs/Paramedics)

Phase 1B

- ☐ Individuals over 80 years of age
- ☐ Individuals age 75 to 79 years of age
- ☐ Individuals age 70 to 74 years of age
- ☐ Individuals age 65 to 69 years of age
- ☐ Individuals with Congenital Disorders or Early Onset Conditions with IDD
- ☐ Individuals working in K-12 schools
- ☐ Individuals with Congenital Disorders or Early in Life Conditions that Carried into Adulthood without IDD

Phase 1C

- ☐ Diabetes Type 1
- ☐ Pregnant
- ☐ Bone Marrow Transplant Recipients
- ☐ ALS
- ☐ Childcare Services Worker
- ☐ Funeral Services Worker
- ☐ Law Enforcement, Corrections, Firefighter

Phase 1D

- ☐ Diabetes Type 2
- ☐ End Stage Renal Disease

Phase 1E

- ☐ Cancer
- ☐ Chronic Kidney Disease
- ☐ Chronic Obstructive Pulmonary Disease
- ☐ Heart Disease
- ☐ Obesity

Phase 2A

- ☐ Individuals age 60 to 64 years of age

Phase 2B

- ☐ Individuals age 50 to 59 years of age

Phase 2C

- ☐ Individuals age 40 to 49 years of age

Phase 2D

- ☐ Individuals age 16 to 39 years of age