

Name (as it appears on insurance card): _____ Date of Birth: _____ Age: _____ Sex: Male / Female
 Street Address: _____ Room/Unit: _____ City: _____ State: _____ Zip Code: _____
 Email Address: _____@_____ Phone: _____ SSN: _____

Please contact me about screenings, immunization clinics and other promotions.

Race: White Hispanic/Latino Black/African American Native American /Alaska Native Asian Native Hawaiian/Other Pacific Islander Other

MEDICAL HISTORY: Complete the following questions for the individual receiving the vaccine. If you answer "YES", you may not be able to receive the COVID-19 vaccine.

Section 1: <i>*If YES and further guidance is needed, refer to Pfizer website at www.PfizerMedInfo.com or call 1-800-438-1985 for vaccine information on vaccine temperature excursions, efficacy, safety, stability, dosage, vaccine ingredients, mechanism of action and administration. For overview for Vaccination Providers about Moderna COVID-19 vaccine refer to www.modernatx.com or call 1-866-MODERNA.</i>	*YES	NO
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? <input type="checkbox"/> Pfizer-BioNTech <input type="checkbox"/> Moderna <input type="checkbox"/> Janssen (Johnson & Johnson) <input type="checkbox"/> Another Product • Have you received a complete COVID-19 vaccine series? (i.e., 1 dose Janssen or 2 doses of an mRNA vaccine [Pfizer-BioNTech, Moderna])? • Did you bring your vaccination record card or other documentation?		
3. Have you ever had an allergic reaction to: <i>(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.)</i> • A component of a COVID-19 vaccine, including either of the following: o Polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures o 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? <i>(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.)</i>		
5. Check all that apply to you: <input type="checkbox"/> Am a female between ages 18 and 49 years old <input type="checkbox"/> Am a male between ages 12 and 29 years old <input type="checkbox"/> Have a history of myocarditis or pericarditis <input type="checkbox"/> Had a severe allergic reaction to something other than a vaccine or injectable therapy such as food, pet, venom, environmental or oral medication allergies <input type="checkbox"/> Had COVID-19 and was treated with monoclonal antibodies or convalescent serum <input type="checkbox"/> Diagnosed with Multisystem Inflammatory Syndrome (MIS-C or MIS-A) after a COVID-19 infection <input type="checkbox"/> Have a bleeding disorder <input type="checkbox"/> Take a blood thinner <input type="checkbox"/> Have a weakened immune system (i.e., HIV infection, cancer) or take immunosuppressive drugs or therapies <input type="checkbox"/> Have a history of heparin-induced thrombocytopenia (HIT) <input type="checkbox"/> Am currently pregnant or breastfeeding <input type="checkbox"/> Have received dermal fillers <input type="checkbox"/> History of Guillain-Barré Syndrome (GBS)		
Section 2: RELEASE AND ASSIGNMENT:		
<ul style="list-style-type: none"> I have read or had explained to me the Vaccine Recipient Emergency Use Authorization (EUA) Fact Sheet for COVID-19 vaccine risks and benefits. To read the Vaccine Recipient Emergency Use Authorization Fact Sheet for each vaccine visit the website www.cvdvaccine.com: or you may also visit the Local Health Unit or private provider to receive a printed copy of the EUA Fact Sheet. To read the Vaccine Recipient Emergency Use Authorization for Moderna COVID-19 vaccine visit the website https://www.fda.gov/media/144638/download or (modernatx.com) I give consent to this COVID-19 provider/staff for the individual named below to be vaccinated with COVID-19 vaccine. I hereby acknowledge that I have reviewed a copy of the Provider's Privacy Notice. I understand that information about this COVID-19 vaccination will be included in (SIMON) South Carolina Immunization Information System. 		
To My Insurance Carrier(s):		
<ul style="list-style-type: none"> I authorize the release of any medical information necessary to process my insurance claim(s). I authorize and request payment of medical benefits directly to this COVID-19 Provider. I agree that the authorization will cover all medical services rendered until I revoke the authorization. I agree that the photocopy of this form may be used instead of the original. 		

My signature below indicates I have read, understand and agree to section 2. Release and Assignment of the COVID-19 Immunization Consent Form and Vaccine Recipient Emergency Use of Authorization Fact Sheet (EUA).

Signature of patient or guardian X: _____ Date: _____

Below is for pharmacy documentation

<input type="checkbox"/> Pfizer-BioNTech (Dose: 0.3 ML) <input type="checkbox"/> Pfizer-BioNTech Bivalent (Dose: 0.3 ml) <input type="checkbox"/> Moderna (Dose: 0.5 ML) <input type="checkbox"/> Moderna Bivalent (Dose: 0.5ml) <input type="checkbox"/> Janssen/J&J (Dose: 0.5 ML)	Dose: <input type="checkbox"/> 1st Dose <input type="checkbox"/> 3rd Booster <input type="checkbox"/> 2nd Dose <input type="checkbox"/> 4th Booster <input type="checkbox"/> 1st Booster <input type="checkbox"/> 5th Booster <input type="checkbox"/> 2nd Booster	Route <input type="checkbox"/> IM	Site Code <input type="checkbox"/> LA <input type="checkbox"/> RA	Lot Number:
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Administered by: _____ Title: _____ Date Given: _____