Colorado COVID-19 Vaccine Administration and Screening Form

Please print neatly in capital letters as shown in the example below E X A M P L E 1 2 3	*Please answer all questions as completely as possible*	***Use reverse side for notes***

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

Last Name | First Name | MI | Gender ☐ M ☐ F

Street No. or PO Box | Street Name | Apt. Number

City | County | State

Zip Code | Phone ___-___-___ | E-mail

Date of Birth (MM/DD/YYYY)

Race/Ethnicity (Check all that apply)
☐ Asian ☐ Black, African American ☐ Native Hawaiian/Pacific Islander ☐ American Indian/Alaskan Native ☐ Hispanic/Latino ☐ White ☐ Other

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

Insurance Policy Number

Health Screening Questions ***Footnotes for precautions/contraindications are on other side of this document***

Question	Yes*	No
1. Are you sick today?	☐	☐
2. Do you have a serious allergy to food, a vaccine component, or latex?	☐	☐
3. Have you ever had a serious reaction to a previous dose of vaccine or any medication?	☐	☐
4. Have you had severe allergic reaction to any component of the Pfizer-BioNTech vaccine)?	☐	☐
5. Are you pregnant, or is there a chance you may become pregnant in the next 14 days?	☐	☐
6. Have you received any vaccinations in the last 4 weeks?	☐	☐
7. Have you been ill with, recovered from, a COVID infection or had antibody therapy in the past 3 months?	☐	☐
8. Do you have any of the following illnesses or conditions? Chronic lung disease (including asthma), heart disease, diabetes, brain, spinal cord or muscle illness that causes swallowing or lung problems, problems with the immune system caused by medications and/or HIV, kidney disease, liver disease, blood disorders	☐	☐

Please identify Phase Category you are in (please choose only one)

☐ 1A-Highest risk: Direct contact w COVID patients, LTC staff/residents

☐ 1B-Moderate Risk: EMS, Fire, Police, Corrections, HH/hospice workers, Dental, other first responders, funeral services, COVID response personnel, Health care workers with less direct contact with COVID-19 patients

☐ 2-Higher risk and essential workers: Age 65 or older, or Individuals: 1) With underlying health conditions; 2) In direct contact with the public; 3) Working in or serving people in high density settings; 4) Health care workers not included in Phase 1, and; 5) Who received the placebo in Clinical Trials.

☐ 3-General Public: Age 18-64 without high-risk conditions

Authorization to Administer COVID Vaccine

I have read or had explained to me, and I understand the risks and benefits of receiving the 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

Manufacturer	Dosage	Site: ☐ RD ☐ RT ☐ LD ☐ LT / Lot No.	Prescribing Provider Name
☐ PFR (Pfizer) ☐ Moderna ☐ SP/GSK ☐ AstraZeneca/ Oxford Biomedica ☐ J&J	☐ 0.3 ml ☐ 0.5 ml	Provider Type ☐ Public ☐ Private	Date Administered (MM/DD/YYYY)
COVID/VFC PIN	Clinic Name		Administered by: Name ________ Title ________

Rev. 12/14/2020

Precautions/Contraindications for vaccination

Q #	Answer	Vaccinate	Precaution	Contraindication DO NOT VACCINATE
1	Yes	Mild Illness	Moderate or Severe- defer vaccination or observe for 15 minutes	
2	Yes	Food, pets, insects, latex, etc. Observe for 15 minutes		
3	Yes	Allergy to oral medications Non-serious allergy to injectable medications Observe for 15 minutes	HX severe allergic reaction to other vaccines/injectable medications Risk/benefit Defer if necessary Observe for 30 minutes	Severe reaction to Pfizer vaccine
4	Yes			Severe reaction to Pfizer vaccine
5	Yes	Pregnancy, lactation: Discuss risk/benefit Counsel Observe for 15 minutes		
6	Yes		Defer if possible: lack of safety and efficacy data	
7	Yes		Defer for 90 days: Reinfection uncommon within 90 days of initial infection	
8	Yes	Counsel: Unknown safety and efficacy profiles Potential for reduced immune response Continue to follow current guidance to protect themselves Observe for 15 minutes		IF there are other contraindications to vaccination

NOTES:
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