

# Colorado COVID-19 Vaccine Screening and Administration 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

**\*\*Health Screening Questions and the administration record are on reverse side of this document**

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

<b>Last Name</b>			<b>First Name</b>			<b>MI</b>
<b>Date of Birth</b>		<b>Street No. or PO Box</b>		<b>Street Name</b>		
<small>M M / D D / Y Y Y Y</small>						
<b>Apt. Number</b>		<b>City</b>			<b>County</b>	
<b>State</b>	<b>Zip Code</b>	<b>Phone</b>		<b>Gender Identity</b>		
				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/> Unspecified <input type="checkbox"/> Decline to Provide		
<b>E-mail</b>						
<b>Race(s) check all that apply</b>				<b>Ethnicity</b>		
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Black, African American <input type="checkbox"/> Decline to Provide				<input type="checkbox"/> Hispanic/Latin/a/o/x <input type="checkbox"/> Non-Hispanic/Latin/a/o/x <input type="checkbox"/> Decline to Provide		

<b>Health Insurance Information</b>				<b>Insurance Policy Number</b>		
<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Kaiser Permanente <input type="checkbox"/> Other Private <input type="checkbox"/> No Insurance						

**Have you already received a COVID vaccine?**     Y     N    **When? (Date)** \_\_\_\_\_ **Brand?** \_\_\_\_\_

**Please identify your Phase Category (please choose only one)**

<input type="checkbox"/> 1A. High-risk HCWs and LTC. <input type="checkbox"/> 1B.1-Moderate risk HCWs, age 70 +, and first responders <input type="checkbox"/> 1B.2-Ages 65-69, PK-12 educators and child care workers in licensed child care programs, continuity of state government: 1) Child care workers in licensed child care programs 2) Teachers (full-time and substitutes) bus, food, counselors, administrative, safety and other school support services offered inside the school; 3) Select members of the Executive and Judicial branches of state government <input type="checkbox"/> 1B.3 a. People age 60 and older, Frontline essential workers in grocery and agriculture: workers who cannot maintain physical distance at their place of employment, work in close contact with many people, especially indoors and in places with poor ventilation: meatpacking workers, grocery store workers, and agricultural processing workers <input type="checkbox"/> 1B.3 b. People age 16-59 with 2 or more high risk conditions: Check all that apply: <input type="checkbox"/> Cancer-currently receiving treatment or treated within the last month; <input type="checkbox"/> Chronic kidney disease <input type="checkbox"/> COPD <input type="checkbox"/> Diabetes Mellitus (type 1 and 2) <input type="checkbox"/> Down Syndrome <input type="checkbox"/> Specific heart conditions: <input type="checkbox"/> heart failure, <input type="checkbox"/> cardiomyopathies or coronary artery disease, <input type="checkbox"/> severe valvular/congenital heart disease <input type="checkbox"/> Obesity (BMI ≥ 30 kg/m <sup>2</sup> ) <input type="checkbox"/> Sickle cell disease <input type="checkbox"/> Solid organ transplant <input type="checkbox"/> People with disabilities that prevent them from wearing a mask.	<input type="checkbox"/> 1B.4 People who cannot maintain physical distance at their place of employment or who work in close contact indoors with many people or work in places with poor ventilation: People age 50 and older Student-facing higher education employees Frontline essential workers in: Food/restaurant services Manufacturing USPS Public transit and specialized transportation Public Health Human Services Direct Care providers to Colorado homeless population Frontline essential journalists Continuity of local government Continuation of operations for state government Adults who received a placebo during COVID vaccine clinical trials People 16-49 with one high risk conditions listed in 1.B.3 b or below: Asthma (moderate to severe) Cerebrovascular disease Cystic fibrosis High Blood Pressure Immunocompromised due to blood or bone marrow transplant Immune deficiencies due to corticosteroid use, HIV, or other immune weakening medicines Neurologic conditions (dementia) Liver disease Thalassemia (blood disorder)
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**2. General Public:** Any Coloradan not included in the other phases because of a lower risk of exposure or are less likely to have severe outcomes to COVID-19 disease.

Last Name

First Name

MI

Grid for Last Name

Grid for First Name and MI

Date of Birth

Grid for Date of Birth (MM/DD/YYYY)

Dose Number 1 [ ] 2 [ ]

Health Screening Questions table with 9 rows and 3 columns (Question, Yes, No)

Authorization to Administer COVID-19 Vaccine

I have read or had explained to me, and I understand the risks and benefits of receiving the COVID-19 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

Form containing fields for COVID/VFC PIN, Clinic Name, Provider Type, Prescribing Provider Name, Manufacturer, Lot Number, Dosage, Site, Date Administered, and Administered by.

## Precautions/Contraindications for vaccination

### Triage of persons presenting for COVID-19 vaccination

	CONTRAINDICATION TO VACCINATION	PRECAUTION TO VACCINATION	MAY PROCEED WITH VACCINATION
ALLERGIES	<p>History of the following are contraindications to receiving either of the mRNA COVID-19 vaccines:</p> <ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) after a previous dose of an mRNA COVID-19 vaccine or any of its components</li> <li>Immediate allergic reaction<sup>#</sup> of any severity to a previous dose of an mRNA COVID-19 vaccine or any of its components (including polyethylene glycol)<sup>^</sup></li> <li>Immediate allergic reaction of any severity to polysorbate<sup>*^</sup></li> </ul>	<ul style="list-style-type: none"> <li>Among persons without a contraindication, a history of:               <ul style="list-style-type: none"> <li>Any immediate allergic reaction<sup>#</sup> to vaccines or injectable therapies</li> </ul> </li> </ul> <p>NOTE: people with contraindication to mRNA COVID-19 vaccines have a precaution to Janssen COVID-19 vaccine, and vice versa. See footnote for additional information on additional measures to take in these people.*</p>	<p>Among persons without a contraindication or precaution, a history of:</p> <ul style="list-style-type: none"> <li>Allergy to oral medications (including the oral equivalent of an injectable medication)</li> <li>History of food, pet, insect, venom, environmental, latex, etc., allergies</li> <li>Family history of allergies</li> </ul>
ACTIONS	<ul style="list-style-type: none"> <li>Do not vaccinate<sup>^</sup></li> <li>Consider referral to allergist-immunologist</li> </ul>	<ul style="list-style-type: none"> <li>Risk assessment</li> <li>30 minute observation period if vaccinated</li> <li>Consider deferral of vaccination for further risk assessment and possible referral to allergist-immunologist</li> </ul>	<ul style="list-style-type: none"> <li>30 minute observation period: Persons with a history anaphylaxis (due to any cause)</li> <li>15 minute observation period: All other persons</li> </ul>

<sup>#</sup> Any hypersensitivity-related signs or symptoms consistent with urticaria, angioedema, respiratory distress (e.g., wheezing, stridor), or anaphylaxis that occur within four hours following administration.

<sup>^</sup>These persons should not receive mRNA COVID-19 vaccination at this time unless they have been evaluated by an allergist-immunologist and it is determined that the person can safely receive the vaccine (e.g., under observation, in a setting with advanced medical care available)

<sup>\*</sup>Polyethylene glycol (PEG), an ingredient in both mRNA COVID-19 vaccines, is structurally related to polysorbate and cross-reactive hypersensitivity between these compounds may occur. Information on ingredients of a vaccine or medication (including PEG, a PEG derivative, or polysorbates) can be found in the package insert. PEG and polysorbate are common excipients in many vaccines, injectable therapies, and other products. Persons with a known (diagnosed) allergy to PEG, another mRNA vaccine component, or polysorbate, have a contraindication to vaccination. Persons with a reaction to a vaccine or injectable therapy that contains multiple components, one of which is PEG, another mRNA vaccine component or polysorbate, but in whom it is unknown which component elicited the immediate allergic reaction have a precaution to vaccination. Polysorbate 80 is an ingredient in Janssen COVID-19 vaccine. People with a contraindication to Janssen COVID-19 vaccine (including due to a known allergy to polysorbate) have a precaution to mRNA COVID-19 vaccines. For people with these precautions, referral to an allergist or immunologist should be considered.

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

Characteristics	Immediate allergic reactions (including anaphylaxis)	Vasovagal reaction	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 the day after vaccination)
Sign 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, urticarial, 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, bronchospasm, wheezing, stridor, hypoxia	Variable; if accompanied by anxiety, might have an elevated respiratory rate	N/A
Gastrointestinal	Nausea, vomiting, abdominal cramps, diarrhea	Nausea, vomiting	Vomiting or diarrhea might occur
Musculoskeletal	N/A	N/A	Myalgia, arthralgia
Vaccine recommendations			
Recommended to receive 2 <sup>nd</sup> dose of mRNA COVID-19 vaccine?	NO	Yes	Yes