

**THE FRED W. ALBRECHT GROCERY CO. / ACME PHARMACY
COVID-19 VACCINE ADMINISTRATION RECORD**

FOR PATIENTS TO BE VACCINATED: The following questions will help us determine if there is any reason we should not give you the COVID-19 vaccination today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your pharmacist to explain it.

- | | |
|---|------------------------------|
| 1. Are you feeling sick today? | ___ YES ___ NO |
| 2. Have you received a dose of COVID-19 vaccine in the past two months? | ___ YES ___ NO |
| 3. Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something?
For example, a reaction for which you were treated with epinephrine or EpiPen®,
or for which you had to go to the hospital. | ___ YES ___ NO |
| 4. Was the severe allergic reaction after receiving a COVID-19 vaccine? | ___ YES ___ NO |
| 5. Was the severe allergic reaction after receiving another vaccine or
another injectable medication? | ___ YES ___ NO |
| 6. Have you been exposed to COVID-19 in the last 14 days? | ___ YES ___ NO |
| 7. Have you had a positive test for COVID-19 in the last 3 months? | ___ YES ___ NO |
| 8. Are you pregnant or breastfeeding? | ___ YES ___ NO |

INFORMATION ABOUT THE PERSON TO RECEIVE VACCINE (please print)

Name _____ **Birthdate** _____ **Gender** M F
First MI Last mm / dd / yyyy

Race ___ Asian ___ African American ___ Hispanic ___ Caucasian ___ Pacific Islander
Two or More Other

Ethnicity ___ Hispanic or Latino ___ Not Hispanic or Latino ___ Decline to state (unknown)

Address _____ **Phone** _____
Street City State Zip

Family Doctor _____ **Doctor's Office Phone** _____

Insurance Name _____ **Insurance Member ID #** _____

Driver's License/State ID _____ **Last 4 digits of SS#** _____

CONSENT FOR VACCINATION

I have read the COVID-19 Vaccine Information Statement and understand the risks and benefits of the vaccine. I have had a chance to ask questions. I give permission for an Acme Pharmacist to administer the vaccine and notify my provider. I authorize the release of any medical information necessary to process this claim and request payment of government benefits either to myself or to the party who accepts assignment.

Signature of Patient/Legal Guardian: _____ **Date:** _____
 Print name of Parent/Legal Guardian (if <18) _____ Relationship: _____

FOR CLINIC / OFFICE USE

Clinic / Office Address	ACME #
Date Vaccine Administered: Fact Sheet Dated:	
Vaccine Manufacturer	Pfizer (2023-2024) Moderna (2023-2024)
Vaccine Lot Number	
Vaccine Expiration Date	
Site of Deltoid IM Injection	L R
Strength/Dose Given & Route	0.3 ml ___ 0.5ml ___ IM
Check Box Once Submitted to IIS Registry	<input type="checkbox"/>

Signature of Vaccine Administrator: _____ MO# 521 Order # 708150 9/14/23

Understanding the Screening Questionnaire for Adult Immunizations

The information below has been adapted from *CDC Pre-Vaccination Checklist for COVID-19 Vaccines*.

REMINDER: RX is NOT required for adult patients!

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 (e.g., upper respiratory infections, diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics.

Have you received a dose of COVID-19 vaccine in the past two months?

Everyone aged 6 years and older should get 1 updated COVID-19 vaccine, regardless of whether they've received any original COVID-19 vaccines.

People aged 65 years and older may get 1 additional dose of COVID-19 vaccine 4 or more months after the 1st updated COVID-19 vaccine.

People who are moderately or severe immunocompromised may get 1 additional dose of updated COVID-19 vaccine 2 or more months after the last updated COVID-19 vaccine.

PRODUCT AUTHORIZED AGE GROUPS

Pfizer-BioNTech (Comirnaty) COVID-19 Vaccine 12 years of age and older (For stocked product).

Moderna (Spikevax) COVID-19 Vaccine 12 years of age and older (For stocked product).

Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something? For example, a reaction for which you were treated with epinephrine or EpiPen®, or for which you had to go to the hospital?

Allergic reactions, including severe allergic reactions, NOT related to vaccines or injectable therapies (e.g., food, pet, venom, environmental, or latex allergies; oral medications) are NOT a contraindication or precaution to vaccination with currently authorized COVID-19 vaccine. HOWEVER, individuals who have had severe allergic reactions to something, regardless of cause, should be observed for 30 minutes after vaccination. All other persons should be observed for 15 minutes.

Was the severe allergic reaction after receiving a COVID-19 vaccine?

History of severe allergic reaction (e.g., anaphylaxis) to a previous dose or component of the COVID-19 vaccine product being offered is a contraindication to any current COVID-19 vaccine. Ask questions about previous severe reactions that might indicate an allergy to a vaccine component. For example, PEG may have been a component of medication for a colonoscopy.

Was the severe allergic reaction after receiving another vaccine or another injectable medication?

History of severe allergic reaction (e.g., anaphylaxis) to another vaccine or a component of another vaccine OR anaphylactic reaction to any other injectable medication is a precaution to currently authorized COVID-19 vaccine. 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. These individuals should be observed for 30 minutes after vaccination. A history of mild allergic reaction to a vaccine or injectable therapy is not a precaution to vaccination.

Have you been exposed to COVID-19 in the last 14 days?

COVID-19 vaccine series should be administered separately from any live vaccines. There is no concerns with inactivated vaccines.

Have you had a positive test for COVID-19 in the past 3 months?

You should wait to be vaccinated until after you complete your isolation period. Getting a COVID-19 vaccine after you recover from COVID-19 provided added protection against COVID-19. You may consider delaying your vaccine by 3 months from when your symptoms started or positive test.

Are you pregnant or breastfeeding?

COVID-19 vaccination is recommended for everyone ages 6 months and older including people who are pregnant, breastfeeding, or trying to get pregnant now, as well as people who might become pregnant in the future.

Sources:

1. CDC. Stay Up to Date with COVID-19 Vaccines (<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>)
2. CDC. Frequently Asked Questions about COVID-19 Vaccination (<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html#:~:text=Getting%20a%20COVID%2D19%20vaccine,you%20received%20a%20positive%20est.>)