

COVID-19 Vaccine Screening and Immunization Documentation Form

COVID-19 Vaccination Program

The following questions will help us determine if we should give you the COVID-19 vaccination today. If you answer "yes" to any question(s), we will ask you for additional information to determine when or if you should receive COVID-19 vaccine.

NAME (Please Print):	DOD ID or SSN:	AGE:	DOB:	DATE:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CATEGORY: Service Member Beneficiary Civilian Employee Civilian Contractor Red Cross/Volunteer Other

Patient: Please answer questions 1-6		NO	YES
1	Are you currently sick, feel ill, or have a fever over 100°?	<input type="checkbox"/>	<input type="checkbox"/>
2	Have you received a COVID-19 vaccine before? If so, which one _____? Date _____	<input type="checkbox"/>	<input type="checkbox"/>
3	Have you had an adverse reaction to a prior COVID-19 vaccine?	<input type="checkbox"/>	<input type="checkbox"/>

4	Are you, or might you be, pregnant?				
5	Would you like to speak with a health care team member about the COVID-19 vaccine whether or not to receive COVID-19 vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6	Do you DECLINE to receive a COVID-19 vaccine?				
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Please see CDC guidance on pregnancy: ["https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/clinical-considerations.html"](https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/clinical-considerations.html) Interim Clinical Considerations for Use of Pfizer-BioNTech COVID-19 Vaccine | CDC

"I/Statement Information Vaccine COVID-19 vaccine EUA Fact Sheet for Recipients/Caregivers or current had have or read have , as applicable.vaccine." Coronavirus the of risks and benefits the understand I sat questions, ask to a chance had also have I

Below to be completed by	
<input type="checkbox"/> Give COVID-19 vaccine - dose #1 today <input type="checkbox"/> Give COVID-19 vaccine - dose #2 today <input type="checkbox"/> Do not give COVID-19 vaccine today <input type="checkbox"/> Refer to experienced provider for further evaluation	Check box for materials provided COVID-19 Vaccine Information Statement provided <input type="checkbox"/> EUA COVID-19 Vaccine Fact Sheet for Vaccine Recipients/Caregivers Screener's Signature: _____ Date: _____

Below to be completed by Vaccinator	
<input type="checkbox"/> Pfizer COVID-19 vaccine <input type="checkbox"/> Moderna COVID-19 vaccine <input type="checkbox"/> AstraZeneca COVID-19 vaccine <input type="checkbox"/> Johnson & Johnson COVID-19 vaccine <input type="checkbox"/> Other COVID-19 vaccine _____	Lot #: _____ Expiration Date: _____ Dose: <input type="checkbox"/> 0.5 mL <input type="checkbox"/> Left / <input type="checkbox"/> Right Deltoid OR PLACE STICKER HERE:

COMMENTS:

Administered by:	Date:
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ASIMS/MEDPROS/MRRS/AHLTA/MHS GENESIS Entry	
Name:	Date:


The Defense Health Agency-Immunization Healthcare Division (DHA-IHD) is available to assist patients and healthcare providers with treatment of health problems before and after vaccinations, and with medical exemptions.
Please contact the DHA-Immunization Healthcare Division 24/7 Support Center at 877-438-8222.

Information for Healthcare Professionals about the Screening Checklist for Contraindications

1. Are you currently sick, feel ill, or have a fever over 100°?

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. Individuals with moderate or severe illness should not be vaccinated until their symptoms have improved. Individuals with moderate or severe illness without fever or taking antibiotics do not preclude receipt of a COVID-19 vaccine.

2. Have you received a COVID-19 vaccine before?

It is important that COVID-19 vaccine brands not be mixed. The COVID-19 vaccines are not yet complete evaluating the efficacy of vaccination if the series is not completed using the same brand. It is important to know the date of the first vaccination, as different brands have different recommendations between the two doses in a series. 

3. Have you had an adverse reaction to a prior COVID-19 vaccine?

Patients reporting a serious reaction to a previous dose of COVID-19 vaccine should be asked about symptoms. Immediate – presumably allergic – reactions are usually a contraindication to further doses. Symptoms include hives, facial swelling, difficulty breathing, and anaphylaxis. Mild-to-moderate reactions (malaise, myalgia, other systemic symptoms), and vaccination site reactions (redness, pain, swelling) are not a contraindication to further doses. However, moderate-to-severe non-allergic reactions including significant local reactions should be evaluated by an experienced provider prior to revaccination.

4. Are you, or might you be, pregnant?

While no evidence exists of risk from vaccinating pregnant women with inactivated vaccines, the new COVID-19 vaccines have not yet been tested in pregnant women. If an individual is not sure whether or not she is pregnant, she should not receive a COVID-19 vaccine until her status is verified.

5. Would you like to speak with a health care team member about the COVID-19 vaccine?

COVID-19 vaccination is voluntary. These are new vaccines for which there are, understandably, many questions. The potential vaccinee should be afforded ample opportunity to read the FDA-provided EUA and to ask questions prior to vaccination. Do not hesitate to refer an individual to an experienced provider to address questions or concerns regarding the vaccine.

6. Do you DECLINE to receive a COVID-19 vaccine?

An individual, after having reviewed the EUA Vaccine Fact Sheet and having had all questions addressed, may decline receipt of a COVID-19 vaccine without any impact upon their future healthcare within the MHS or their military career. For active duty service personnel, document their declination by entering the exemption code MR (medical refused) into their electronic health record and/or Services' Immunization Tracking System.

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Interim Clinical Considerations for Use of Pfizer-BioNTech COVID-19 Vaccine | CDC Please see CDC language.

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Not aware of any studies assess efficacy of series with different vaccines. One of the four vaccine you have on the first page is a 1-dose shot, the other three are 2-dose series.

See CDC language on allergic reactions www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/clinical-considerations.html Interim Clinical Considerations for Use of Pfizer-BioNTech COVID-19 Vaccine | CDC

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We only know about Prizer vaccine and we have no data on risk in pregnancy. ACIP recommends women who are pregnant be offered the Pfizer COVID vaccines. We have no recommendation for a pregnancy test before vaccination. Please see CDC