

# 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.**

Last Name										First Name										MI	
<input style="width: 100%; height: 20px;" type="text"/>										<input style="width: 100%; height: 20px;" type="text"/>										<input style="width: 20px; height: 20px;" type="text"/>	
Date of Birth						Home Address or Post Office Box															
<input style="width: 20px; height: 20px;" type="text"/>		<input style="width: 20px; height: 20px;" type="text"/>		<input style="width: 20px; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>															
Apt. Number		City										County									
<input style="width: 40px; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>										<input style="width: 100%; height: 20px;" type="text"/>									
State		Zip Code				Phone															
<input style="width: 20px; height: 20px;" type="text"/>		<input style="width: 40px; height: 20px;" type="text"/>				<input style="width: 60px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 40px; height: 20px;" type="text"/>															
E-mail																					
<input style="width: 100%; height: 20px;" type="text"/>																					

**Gender Identity**  
 Female     Male     Transgender Female/Feminine     Transgender Male/Masculine     Non-Binary     Un-specified     Decline to Provide

**Race(s) check all that apply**

<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Black, African American	<input type="checkbox"/> White	<b>Ethnicity</b>
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Decline to Provide	<input type="checkbox"/> Hispanic/Latin/a/o/x <input type="checkbox"/> Decline to Provide
	<input type="checkbox"/> Other		<input type="checkbox"/> Non-Hispanic/Latin/a/o/x

**Health Insurance Information (OPTIONAL-INSURANCE NOT REQUIRED FOR VACCINATION)**  
 Medicaid     Medicare     Kaiser Permanente     Other Private     No Insurance

**Insurance Policy Number**

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

Health Screening Questions		Yes	No
1.	Are you sick today or have a fever?		
2.	Have you ever had an allergic reaction to polysorbate, polyethylene glycol, or a previous dose of COVID-19 vaccine? ^*		
3.	Have you ever had a serious allergic reaction (anaphylaxis) to another vaccine or any injectable medication? #		
4.	Have you had severe allergic reaction (anaphylaxis) to foods, pets, environmental or oral medications?		
5.	Are you pregnant, planning to become pregnant, or breastfeeding?		
6.	Do you have a bleeding disorder or are on blood thinners?		
7.	Have you received any dermal fillers (Juvaderm®, Restylane®, etc.)? (only applies to mRNA vaccines)		
8.	Have you been ill with or recovered from a confirmed COVID infection within the past 3 months?		
9.	Have you had convalescent plasma or monoclonal antibodies as part of COVID-19 treatment in the past 3 months?		
10.	Have you received any vaccinations in the last 14 days?		

**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: \_\_\_\_\_

**DO NOT SIGN THIS FORM BEFORE VACCINE APPOINTMENT**    ||    Continued on next page

Last Name

Grid for last name

First Name

Grid for first name

MI

Grid for middle initial

Date of Birth

Grid for date of birth (MM/DD/YYYY)

Dose Number 1  2

**STOP DO NOT WRITE BELOW THIS LINE**

COVID/VFC PIN <input type="checkbox"/> 1062	Provider Type <input type="checkbox"/> Public <input type="checkbox"/> Private	Clinic Name PARKER PEDIATR	Prescribing Provider Name BRIAN STANGA
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Manufacturer <input type="checkbox"/> PFR (Pfizer) <input type="checkbox"/> AstraZeneca <input type="checkbox"/> Moderna <input type="checkbox"/> Novavax <input type="checkbox"/> Janssen	Lot Number Grid	Dosage <input type="checkbox"/> 0.3 ml <input type="checkbox"/> 0.5 ml	Site <input type="checkbox"/> LD <input type="checkbox"/> LT <input type="checkbox"/> RD <input type="checkbox"/> RT	Date Administered Grid (MM/DD/YYYY)
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Administered by:  
Name \_\_\_\_\_ Title \_\_\_\_\_



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Parker, Colorado 80138  
303-841-2905 | Fax 303-841-3052  
www.parkerpediatrics.com

## 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