



The Nevada Division of Public and Behavioral Health
COVID-19 Consent for Vaccination

Pershing County Health Clinic
535 Western Ave
LoveLock NV 89419
Ph: 775-273-2041 Fax: 775-273-4900

Patient
Temp:

PATIENT INFORMATION: Place of Employment: _____

Last Name: _____ First Name: _____ DOB: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Race (circle one): American Indian or Alaskan Native Asian Native Hawaiian/Other Pacific Islander
Black or African American White Other Race Ethnicity (circle one): Hispanic Non-Hispanic

Primary Care Provider: _____ PCP Phone Number: _____

PCP Address: _____ City: _____ State: _____ Zip Code: _____

Is this your FIRST or SECOND dose of the COVID-19 vaccination?

IMMUNIZATION SCREENING QUESTIONS:

- Are you sick today OR have you had any symptoms of COVID-19, been in contact with someone with COVID-19 or tested Positive for Covid-19 in the past two weeks? YES NO
- Do you have allergies or restrictions to foods, medications, vaccines or latex? YES NO
- Have you ever had a serious reaction after receiving a vaccination? YES NO
- Have you had a seizure or a brain or other nervous system problem or Guillain-Barre? YES NO
- Do you take blood thinning medications? YES NO
- Do you have a long-term health problem such as heart disease, lung, liver or kidney disease, metabolic disease (i.e. diabetes) anemia or other blood disorder? YES NO
- Do you have cancer, leukemia, HIV/AIDS, rheumatoid arthritis, Crohn's disease or any other immune system problem? YES NO
- Do you have a weakened immune system or in the past 3 months taken any medications that weaken it such as cortisone, prednisone, or other steroids, anticancer drugs or radiation? YES NO
- During the past year, have you received a transfusion of blood or blood products or been given Immune (gamma) globulin or an antiviral drug? YES NO
- FOR WOMEN: Are you pregnant or breastfeeding? YES NO
- Have you received any vaccinations or a TB skin test in the past 4 weeks? YES NO

Consent and Release Statement

I have received and understand the Vaccine Information Statement for vaccine to be administered to me or to the person named above, for whom I am authorized to make this request. I also agree to allow my immunization information, or the person named above, for whom I am authorized to make this request to be stored and accessed by users in Nevada's "WebIZ" computer system unless I indicate otherwise.

Signature X _____

Date _____

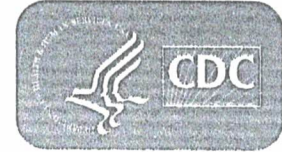
VACCINE ADMINISTRATION INFORMATION (STAFF USE ONLY)

Vaccine: _____ Manufacturer: _____ Lot#: _____ Exp.: _____

VIS: _____ Route: _____ Site: _____ Volume (mL) _____

Nurse Signature: _____ Date: _____

Prevaccination Checklist for COVID-19 Vaccines



For vaccine recipients:

The following questions will help us determine if there is any reason you should not get the COVID-19 vaccine today.

If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions may be asked. If a question is not clear, please ask your healthcare provider to explain it.

Patient Name _____

Age _____

Yes No Don't know

1. Are you feeling sick today?			
2. Have you ever received a dose of COVID-19 vaccine?			
• If yes, which vaccine product did you receive? <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Janssen (Johnson & Johnson) <input type="checkbox"/> Another product _____			
3. Have you ever had an allergic reaction to: (This would include a severe allergic reaction [e.g., anaphylaxis] that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that occurred within 4 hours that caused hives, swelling, or respiratory distress, including wheezing.)			
• A component of a COVID-19 vaccine including either of the following:			
○ Polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures			
○ Polysorbate, which is found in some vaccines, film coated tablets, and intravenous steroids.			
• A previous dose of COVID-19 vaccine.			
• A vaccine or injectable therapy that contains multiple components, one of which is a COVID-19 vaccine component, but it is not known which component elicited the immediate reaction.			
4. Have you ever had an allergic reaction to another vaccine (other than COVID-19 vaccine) or an injectable medication? (This would include a severe allergic reaction [e.g., anaphylaxis] that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that occurred within 4 hours that caused hives, swelling, or respiratory distress, including wheezing.)			
5. Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something other than a component of COVID-19 vaccine, or any vaccine or injectable medication? This would include food, pet, venom, environmental, or oral medication allergies.			
6. Have you received any vaccine in the last 14 days?			
7. Have you ever had a positive test for COVID-19 or has a doctor ever told you that you had COVID-19?			
8. Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19?			
9. Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies?			
10. Do you have a bleeding disorder or are you taking a blood thinner?			
11. Are you pregnant or breastfeeding?			
12. Do you have dermal fillers?			

Form reviewed by _____

Date _____

Prevaccination Checklist for COVID-19 Vaccines



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Patient Name _____

Age _____

Yes No Don't know

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○ Polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures			
○ Polysorbate, which is found in some vaccines, film coated tablets, and intravenous steroids.			
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Form reviewed by

03/05/2021 CS321629-E

Date

Adapted with appreciation from the Immunization Action Coalition (IAC) screening checklists



**Get vaccinated.
Get your smartphone.
Get started with v-safe.**

What is v-safe?

V-safe is a smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins after you receive a COVID-19 vaccination. Through **v-safe**, you can quickly tell CDC if you have any side effects after getting the COVID-19 vaccine. Depending on your answers, someone from CDC may call to check on you. And **v-safe** will remind you to get your second COVID-19 vaccine dose if you need one.

Your participation in CDC's **v-safe** makes a difference—it helps keep COVID-19 vaccines safe.

How can I participate?

Once you get a COVID-19 vaccine, you can enroll in **v-safe** using your smartphone. Participation is voluntary and you can opt out at any time. You will receive text messages from **v-safe** around 2pm local time. To opt out, simply text "STOP" when **v-safe** sends you a text message. You can also start **v-safe** again by texting "START."

How long do v-safe check-ins last?

During the first week after you get your vaccine, **v-safe** will send you a text message each day to ask how you are doing. Then you will get check-in messages once a week for up to 5 weeks. The questions **v-safe** asks should take less than 5 minutes to answer. If you need a second dose of vaccine, **v-safe** will provide a new 6-week check-in process so you can share your second-dose vaccine experience as well. You'll also receive check-ins 3, 6, and 12 months after your final dose of vaccine.

Is my health information safe?

Yes. Your personal information in **v-safe** is protected so that it stays confidential and private.*

*To the extent **v-safe** uses existing information systems managed by CDC, FDA, and other federal agencies, the systems employ strict security measures appropriate for the data's level of sensitivity. These measures comply, where applicable, with the following federal laws, including the Privacy Act of 1974; standards enacted that are consistent with the Health Insurance Portability and Accountability Act of 1996 (HIPAA); the Federal Information Security Management Act, and the Freedom of Information Act.



Use your smartphone to tell CDC about any side effects after getting the COVID-19 vaccine. You'll also get reminders if you need a second vaccine dose.



**Sign up with your
smartphone's browser at**
vsafe.cdc.gov

OR

**Aim your smartphone's
camera at this code**



Getting the Moderna COVID-19 Vaccine

What to Expect During & After Your Injection

EMERGENCY USE AUTHORIZATION

The Moderna COVID-19 Vaccine has not been approved or licensed by the US Food and Drug Administration (FDA), but has been authorized for emergency use by FDA, under an Emergency Use Authorization (EUA), to prevent Coronavirus Disease 2019 (COVID-19) for use in individuals 18 years of age and older. There is no FDA-approved vaccine to prevent COVID-19.

The EUA for the Moderna COVID-19 Vaccine is in effect for the duration of the COVID-19 EUA declaration justifying emergency use of the vaccine, unless terminated or revoked (after which the vaccine may no longer be used).

Before you get the vaccine

Tell your vaccination provider if you:



- ☐ Have any allergies
- ☐ Have a fever
- ☐ Have a bleeding disorder or take blood thinners
- ☐ Are immunocompromised or are on a medicine that affects your immune system
- ☐ Are pregnant, plan to become pregnant, or breastfeeding
- ☐ Have received another COVID-19 vaccine

For more information, visit moderna.com/covid19vaccine-eua/recipients/

After you get the vaccine

Side effects that have been reported with the Moderna COVID-19 Vaccine include:

- ☐ Injection site reactions: pain, tenderness and swelling of the lymph nodes in the same arm of the injection, swelling (hardness), and redness
- ☐ General side effects: fatigue, headache, muscle pain, joint pain, chills, nausea and vomiting, and fever

Talk to your vaccination provider if you have side effects that bother you or do not go away.

If you think you're having an allergic reaction to the vaccine, call 9-1-1.

Signs of a severe allergic reaction can include: Difficulty breathing, swelling of your face and throat, a fast heartbeat, a bad rash all over your body, dizziness and weakness.

A second dose of the Moderna COVID-19 Vaccine is REQUIRED

Complete vaccination **1 month** after your first dose of the Moderna COVID-19 Vaccine.
To help remember that appointment:

Immediately schedule your next appointment **after the first dose of your vaccine**



Ask for a **2nd Dose Reminder Card** to display prominently at home



Set a reminder on your mobile phone or calendar



For more information, talk to your vaccination provider or call Moderna Customer Care at: 1-866-MODERNA (1-866-663-3762)

What is the Moderna COVID-19 Vaccine?

The Moderna COVID-19 Vaccine is an unapproved vaccine that may prevent COVID-19. There is no FDA-approved vaccine to prevent COVID-19. The FDA has authorized the emergency use of the Moderna COVID-19 Vaccine to prevent COVID-19 in individuals 18 years of age and older under an Emergency Use Authorization (EUA).

Please see next page for additional Important Safety Information and Fact Sheet for Recipients and Caregivers beginning on page 3 of this document.

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IMPORTANT SAFETY INFORMATION

What should you mention to your vaccination provider before you get the Moderna COVID-19 Vaccine?
Tell your vaccination provider about all of your medical conditions, including if you:

- have any allergies
- have a fever
- have a bleeding disorder or are on a blood thinner
- are immunocompromised or are on a medicine that affects your immune system
- are pregnant or plan to become pregnant
- are breastfeeding
- have received another COVID-19 vaccine

Who should not get the Moderna COVID-19 Vaccine?

You should not get the Moderna COVID-19 Vaccine if you:

- had a severe allergic reaction after a previous dose of this vaccine
- had a severe allergic reaction to any ingredient of this vaccine

How is the Moderna COVID-19 Vaccine given?

The Moderna COVID-19 Vaccine will be given to you as an injection into the muscle. The Moderna COVID-19 Vaccine vaccination series is 2 doses given 1 month apart. If you receive one dose of the Moderna COVID-19 Vaccine, you should receive a second dose of the same vaccine 1 month later to complete the vaccination series.

What are the risks of the Moderna COVID-19 Vaccine?

Side effects that have been reported with the Moderna COVID-19 Vaccine include:

- Injection site reactions: pain, tenderness and swelling of the lymph nodes in the same arm of the injection, swelling (hardness), and redness
- General side effects: fatigue, headache, muscle pain, joint pain, chills, nausea and vomiting, and fever

There is a remote chance that the Moderna COVID-19 Vaccine could cause a severe allergic reaction. A severe allergic reaction would usually occur within a few minutes to one hour after getting a dose of the Moderna COVID-19 Vaccine. For this reason, your vaccination provider may ask you to stay at the place where you received your vaccine for monitoring after vaccination. Signs of a severe allergic reaction can include:

- Difficulty breathing
- Swelling of your face and throat
- A fast heartbeat
- A bad rash all over your body
- Dizziness and weakness

These may not be all the possible side effects of the Moderna COVID-19 Vaccine. Serious and unexpected side effects may occur. The Moderna COVID-19 Vaccine is still being studied in clinical trials.

What should I do about side effects?

If you experience a severe allergic reaction, call 9-1-1, or go to the nearest hospital.

Call the vaccination provider or your healthcare provider if you have any side effects that bother you or do not go away.

Report vaccine side effects to **FDA/CDC Vaccine Adverse Event Reporting System (VAERS)**. The VAERS toll-free number is 1-800-822-7967 or report online to <https://vaers.hhs.gov/reportevent.html>. Please include "Moderna COVID-19 Vaccine EUA" in the first line of box #18 of the report form. In addition, you can also report side effects to ModernaTX, Inc. at 1-866-MODERNA (1-866-663-3762).

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- have a bleeding disorder or are on a blood thinner
- are immunocompromised or are on a medicine that affects your immune system
- are pregnant or plan to become pregnant
- are breastfeeding
- have received another COVID-19 vaccine

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Before you get the vaccine

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- ☐ Have a bleeding disorder or take blood thinners
- ☐ Are immunocompromised or are on a medicine that affects your immune system
- ☐ Are pregnant, plan to become pregnant, or breastfeeding
- ☐ Have received another COVID-19 vaccine

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To help remember that appointment:

Immediately schedule
your next appointment
**after the first dose of
your vaccine**



Ask for a **2nd Dose
Reminder Card**
to display
prominently
at home



Set a reminder
on your mobile
phone or calendar



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