Colorado COVID-19 Vaccine Screening and Administration Form



example below E X A M P L E 1 2 3	Please answer all que possible	uestions as completely as	**Health Screening Questions and the administration record are on
			reverse side of this document
Personal Information. Provide informatio	n as completely a	as you can. All information	will be kept confidential.
Last Name		First Name	MI
Date of Birth Street No.	. or PO Box	Street Name	
Apt. Number City		Cou	inty
State Zip Code Phone		Ge	nder Identity
	_		
E-mail			M F X Unspecified Decline
			to Provide
Race(s) check all that apply			Ethnicity
	iian/Pacific Island	er 🗌 White	☐ Hispanic/Latin/a/o/x
☐ Asian☐ Black, African American☐ Decline to Pr	ovide		Non-Hispanic/Latin/a/o/x□ Decline to Provide
Health Insurance Information		Incura	nce Policy Number
☐ Medicaid ☐ Medicare ☐ Kaiser Permanente ☐	Other Private	☐ No Insurance	
Have you already received a COVID vaccine? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	☐ N When? (Date) Brand	d?
Please identify your Phase Category (please choose of	only one)		
1A. High-risk HCWs and LTC.			tain physical distance at their place of k in close contact indoors with many
1B.1-Moderate risk HCWs, age 70 +, and first responders		people or work in places	•
☐ 1B.2-Ages 65-69, PK-12 educators and child care workers child care programs, continuity of state government:		People age 50 and older	
workers in licensed child care programs 2) Teachers (full-tir	me and	Student-facing higher educ Frontline essential workers	· · ·
substitutes) bus, food, counselors, administrative, safety a school support services offered inside the school; 3) Select		Food/restaurant servic	es
the Executive and Judicial branches of state government		Manufacturing USPS	
\square 1B.3 a. People age 60 and older, Frontline essential workers	in grocery	Public transit and spec	ialized transportation
and agriculture: workers who cannot maintain physical dist their place of employment, work in close contact with many		Public Health Human Services	
especially indoors and in places with poor ventilation: meat		Direct Care providers t	o Colorado homeless population
workers, grocery store workers, and agricultural processing	workers	Frontline essential journali Continuity of local governm	
☐ 1B.3 b. People age 16-59 with 2 or more high risk condit	ions: Chock all	Continuation of operations	for state government
that apply:	ions, check an	·	ebo during COVID vaccine clinical trials risk conditions listed in 1.B.3 b or below:
Cancer-currently receiving treatment or treated within	in the last month;	Asthma (moderate to s	evere)
Chronic kidney disease		Cerebrovascular diseas Cystic fibrosis	e
COPD Displace Mollitus (type 1 and 3)		High Blood Pressure	
☐ Diabetes Mellitus (type 1 and 2) ☐ Down Syndrome			lue to blood or bone marrow transplant ue to corticosteroid use, HIV, or other
Specific heart conditions:		immune we	eakening medicines
heart failure,		Neurologic conditions (Liver disease	(dementia)
cardiomyopathies or coronary artery disease, severe valvular/congenital heart disease		Thalassemia (blood dis	order)
Obesity (BMI \geq 30 kg/m ²)		2 Ganaral Bublist Any Colored	an not included in the other phases
☐ Sickle cell disease ☐ Solid organ transplant			an not included in the other phases
ו ו שטנוע טוצמוו נומוושטנמוונ		because of a tower risk of	f exposure or are less likely to have

Last Name		First Name	MI
Date of Birth			
	Dose Number 1	2 🗆	

Heal	th Screening Questions	Yes	No
1.	Are you sick today?		
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 or breastfeeding?		
6.	Have you received any vaccinations in the last 14 days?		
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?		

Authorization to Administer COVID-19 Vaccine

Addition Edition to Administer C	OVID 17 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					
COVID/VFC PIN Clinic Name Provider Type: Public Private			Prescribing Provider Name		
Manufacturer	Lot Number	Dosage	Site	Date Administered	
PFR (Pfizer) AstraZeneca Moderna Novavax Janssen		□ 0.3 ml □ 0.5 ml	□ LD □ LT □ RD □ RT		
		-	Administered by:		
			Name	Title	

Precautions/Contraindications for vaccination

Triage of persons presenting for COVID-19 vaccination

	CONTRAINDICATION TO VACCINATION	PRECAUTION TO VACCINATION	MAY PROCEED WITH VACCINATION
ALLERGIES	History of the following are contraindications to receiving either of the mRNA COVID-19 vaccines: • Severe allergic reaction (e.g., anaphylaxis) after a previous dose of an mRNA COVID-19 vaccine or any of it's components • Immediate allergic reaction# of any severity to a previous dose of an mRNA COVID-19 vaccine or any of it's components (including polyethylene glycol)^ • Immediate allergic reaction of any severity to polysorbate*^	Among persons without a contraindication, a history of: Any immediate allergic reaction# to vaccines or injectable therapies 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.*	 Among persons without a contraindication or precaution, a history of: Allergy to oral medications (including the oral equivalent of an injectable medication) History of food, pet, insect, venom, environmental, latex, etc., allergies Family history of allergies
ACTIONS	 Do not vaccinate^ Consider referral to allergist-immunologist 	 Risk assessment 30 minute observation period if vaccinated Consider deferral of vaccination for further risk assessment and possible referral to allergist-immunologist 	 30 minute observation period: Persons with a history anaphylaxis (due to any cause) 15 minute observation period: All other persons

[#] 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.

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 nd dose of mRNA COVID-19 vaccine?	NO	Yes	Yes

[^]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)

^{*}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.