

## PREVACCINATION CHECKLIST FOR COVID-19 VACCINE

**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. 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: _____			
2. Have you ever had a severe allergic reaction to another vaccine, medicine or food?			
3. Have you received any vaccine in the last 14 days?			
4. Have you tested positive for COVID-19 in the last 14 days?			

## PATIENT INSURANCE INFORMATION

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Phone#: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Insurance ID#: \_\_\_\_\_

Insurance Group #: \_\_\_\_\_

Billing address of insurance company: \_\_\_\_\_

Insurance company phone number: \_\_\_\_\_

Are you the main subscriber for this insurance?     YES     NO



### CONSENT TO BE VACCINATED

I agree to be vaccinated. I will/have reviewed my answers to the questions above with the vaccinator. If I experience any adverse reactions after leaving, I will notify my primary care provider. I have read and reviewed the Emergency Use Authorization Fact Sheet provided to me. I understand the benefits and risks of the vaccine.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### FOR OFFICIAL USE ONLY

VACCINE	MODERNA	DATE
1st DOSE	LOT NUMBER FR-047B21A	____ / ____ / ____ mm / dd / year
2nd DOSE		____ / ____ / ____ mm / dd / year

INJECTION LOCATION:     LEFT DELTOID     RIGHT DELTOID

TIME: \_\_\_\_\_ AM    PM

