

H.C.H.D. Recipient Registration and COVID-19 Vaccine Administration Form

Recipient Full Name: _____
First Middle Last

Date of Birth: ____/____/____ Age in Years: _____

Recipient Email Address: _____ No email

Have you already registered in the COVID-19 Vaccine Portal? Yes No

Home Phone Number: _____ Mobile Phone Number: _____

Address: _____ City: _____

Zip Code: _____ County: _____ State: _____

Best way to contact you: SMS/Text Message Email Both None

Recipient Race: American Indian/Alaska Native Asian Black/African American
 Native Hawaiian or Other Pacific Islander White Other Unknown

Recipient Ethnicity: Hispanic or Latino Not Hispanic or Latino Unknown

Recipient Gender: Male Female Other I do not want to specify

Preferred Language: English Vietnamese Arabic French
 Spanish Hindi Other Decline to state

Disabilities: Not Disabled Cancer Cognitive (Psychological or Psychiatric) Neurological
 Physical (Mobility) Respiratory Sensory (Vision or Hearing)
 Other (Please Specify: _____)

I certify that I am: (a) at least 18 years of age (b) the parent or legal guardian of the minor patient; or (c) the legal guardian of the patient. Further, I hereby give my consent to the licensed healthcare provider administering the vaccine, as applicable (each an 'applicable Provider'), to share my personal, demographic and health condition information in order to provide me with vaccination services for the COVID-19 vaccine.

Recipient Signature Statement of Understanding: I have read and I understand the information provided to me about receiving the COVID-19 vaccine and I have had the opportunity to ask questions. I understand that the U.S. Food and Drug Administration (FDA) has issued an Emergency Use Authorization (EUA) to permit the emergency use of the unapproved product, for active immunization to prevent COVID-19 in individuals. The following questions will help us determine if there are any reason, you should not receive the vaccine today. Please answer all questions truthfully.

Notice of Privacy Practices: By signing below, I am acknowledging that:

- The Notice of Privacy Practices for Harnett County Health Department has been made available to me
- I understand that I may contact the person named in the notice if I have questions about the content of the notice.

Please read all questions and answer:

1. Are you feeling sick today? **Yes** **No**

2. Have you ever received a dose of COVID-19 Vaccine? **Yes** **No**

**If yes, list date: _____ Brand: _____ Number of Doses _____

***Did you bring your vaccination record card or other documentation? _____

3. Have you had a serious 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 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**

- (Each dose of the **Moderna COVID-19** vaccine contains the following ingredients: a total lipid content of 1.93 mg (SM-102, polyethylene glycol (PEG) 2000(found in some medications such as laxatives and preparations for colonoscopy procedure), dimyristoyl glycerol (DMG), cholesterol, and 1, 2-distearoyl-sn-glycero-3-phosphocholine (DSPC), 0.31 mg tromethamine, 1.18 mg tromethamine hydrochloride, 0.043 mg acetic acid, 0.12 mg sodium acetate, and 43.5 mg sucrose).

- (Each dose of the **Pfizer vaccine** contains the following ingredients: mRNA, lipids ((4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate), 2 [(polyethylene glycol)-2000]-N,N-ditetradecylacetamide, 1,2-Distearoyl-sn-glycero-3-phosphocholine, and cholesterol), potassium chloride, monobasic potassium phosphate, sodium chloride, dibasic sodium phosphate dihydrate, and sucrose).

- (Each 0.5 mL dose of **Janssen COVID-19 Vaccine** is formulated to contain 5x10¹⁰ virus particles (VP) and the following inactive ingredients: citric acid monohydrate (0.14 mg), trisodium citrate dihydrate (2.02 mg), ethanol (2.04 mg), 2-hydroxypropyl-β-cyclodextrin (HBCD) (25.50 mg), polysorbate-80 (0.16 mg), sodium chloride (2.19 mg). Each dose may also contain residual amounts of host cell proteins (≤0.15mcg) and/or host cell DNA (≤3 ng).

Yes No

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 caused hives, swelling, or respiratory distress, including wheezing.)*

Yes No

5. Check all that apply to you:

- Am a female between ages 18 and 49 years old**
- Am a male between ages 12 and 29 years old**
- Have a history of myocarditis or pericarditis**
- Had a severe allergic reaction to something other than a vaccine or injectable therapy such as food, pet, venom, environmental or oral medication allergies**
- Had COVID-19 and was treated with monoclonal antibodies or convalescent serum**
- Diagnosed with Multisystem Inflammatory Syndrome (MIS-C or MIS-A) after a COVID-19 infection**
- Have a weakened immune system (i.e., HIV infection, cancer)**
- Take immunosuppressive drugs or therapies**
- Have a bleeding disorder**
- Take a blood thinner**
- Have a history of heparin-induced thrombocytopenia (HIT)**
- Am currently pregnant or breastfeeding**
- Have received dermal fillers**
- Have a history of Guillain-Barré Syndrome (GBS)**

Statement of Permission & Assignment: By signing below, I voluntarily give my permission for myself or for the recipient listed on this form (acting as responsible party) to receive a COVID-19 Vaccine. I have reviewed an Emergency Use Authorization (EUA) for the COVID-19 vaccine circled below and had the opportunity to ask questions. I understand no payments will be required from myself in regards to COVID-19 vaccination.

X _____ x _____ X _____
Signature of Recipient/ Guardian Relationship Date

DO NOT WRITE BELOW THIS LINE

For Office Use Only: Circle one: **Pfizer Moderna Janssen** Circle one: **First Dose / Second Dose/ Third Dose**
 COVID-19 Vaccine Lot Number: _____ Injection Site (Circle one): **Right Deltoid / Left Deltoid**
 Patient Given COVID-19 Vaccination card, COVID-19 Vaccine EUA and V-Safe Information: **Yes No**
 Administered by: _____ Date: _____ Time: _____
 Printed Name: _____ Registered in CVMS: Yes No Administration Entered: Yes No