



# COVID-19 VACCINATION SCREENING & ENCOUNTER FORM



DATE:

VDH Client ID#

|  |              |  |                                |  |  |
|--|--------------|--|--------------------------------|--|--|
| Last Name  |              | First Name   |                                | Middle Name  | Birth Date<br>/ /  |
| Address<br>(Not a PO Box)                                    | Street _____ |  |                                |  |  |
|  | City _____   |  | State _____                    | Zip _____  |  |
| Gender <input type="checkbox"/> M <input type="checkbox"/> F | Race         | <input type="checkbox"/> American Indian/Alaskan Native            | <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American | Hispanic/Latino  |
|  |              | <input type="checkbox"/> Hawaiian Native or Other Pacific Islander | <input type="checkbox"/> White | <input type="checkbox"/> Not Stated                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home Phone   | Cell Phone   |  | Email                          |  |  |

I consent to receive vaccination information or reminders by  Text message  Email

I hereby authorize the administration of the COVID-19 to myself or to the person named below for whom I am the legal representative. I have read or have had explained to me the COVID-19 Emergency Use Authorization fact sheet and understand the risks and benefits. I have had the opportunity to ask questions about this immunization. I believe the benefits outweigh the risks, and I accept full responsibility for any reactions that may result from my receipt of the immunization or the receipt of the immunization by the person named below for whom I am the legal representative. I agree that the immunization record may be shared as stated in the Notice of Privacy Practices, which includes sharing with health care providers and to support the application for payment by Medicare, Medicaid, and other third party payor. I request the third party payer to pay any authorized benefits to VDH on my behalf. The Notice of Deemed Consent for blood borne diseases has been explained to me and I understand it.

### NOTICE OF DEEMED CONSENT FOR HIV, HEPATITIS B OR C TESTING

VDH is required by § 32.1-45.1 of the Code of Virginia (1950), as amended, to give you the following notice:

1. If any VDH health care professional, worker or employee should be directly exposed to your blood or body fluids in a way that may transmit disease, your blood will be tested for infection with human immunodeficiency virus (HIV), as well as for Hepatitis B and C. A physician or other health care provider will tell you the result of the test. Under Va. Code § 32.1-45.1(A), you are deemed to have consented to the release of the test results to the person exposed.
2. If you should be directly exposed to blood or body fluids of a VDH health care professional, worker or employee in a way that may transmit disease, that person's blood will be tested for infection with human immunodeficiency virus (HIV), as well as for Hepatitis B and C. A physician or other health care provider will tell you and that person the result of the tests.

### RECEIPT OF THE NOTICE OF PRIVACY PRACTICES

I acknowledge that I have read the Notice of Privacy Practices from the Virginia Department of Health.

| VACCINES ADMINISTERED                  |   | ICD-10 Z23 |   |            |
|--|---|------------|---|------------|
| Item Code                              | Lot Number/NDC  | Route      | Administration Site                                     | Provider # |
| COVID-19-MOD (0.5 mL) Moderna          |   | IM         | <input type="checkbox"/> RA <input type="checkbox"/> LA |            |
| Admin code (circle one) Moderna        | 1 <sup>st</sup> dose 0001A 2 <sup>nd</sup> dose 0002A |            |   |            |
| COVID-19-PFR (0.3 mL) Pfizer           |   | IM         | <input type="checkbox"/> RA <input type="checkbox"/> LA |            |
| Admin code (circle one) Pfizer         | 1 <sup>st</sup> dose 0011A 2 <sup>nd</sup> dose 0012A |            |   |            |
| Johnson & Johnson (0.5 mL) single dose |   | IM         | <input type="checkbox"/> RA <input type="checkbox"/> LA |            |

Patient, Parent/Legal Guardian, Person Acting in Loco Parentis -Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Provider Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

CHS-2b\_COVID (12/21/20)

SCREENING QUESTIONNAIRE ON BACK

## COVID-19 PRE-VACCINATION SCREENING QUESTIONNAIRE

The following questions will help us determine if there is any reason we should not give you, or the person for whom you are the legal representative, the COVID-19 vaccination 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.

Please answer the following questions for the person being vaccinated:

1. Are you feeling sick today?

Yes  No  Don't know

2. Are you pregnant or do you plan to become pregnant?

Yes  No  Don't know

3. Are you breastfeeding?

Yes  No

4. Have you ever received a dose of COVID-19 vaccine?

Yes  No  Don't know

If yes, which vaccine product?  Pfizer  Another product \_\_\_\_\_

5. Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something? For example, a reaction for which you were treated with epinephrine or EpiPen®, or for which you had to go to the hospital?

Yes  No  Don't know

• Was the severe allergic reaction after receiving a COVID-19 vaccine?

Yes  No  Don't know

• Was the severe allergic reaction after receiving another vaccine or another injectable medication?

Yes  No  Don't know

6. Do you have a bleeding disorder or are you taking a blood thinner?

Yes  No  Don't know

7. Have you received passive antibody therapy as treatment for COVID-19?

Yes  No

8. Are you immunocompromised or do you take a medicine that affects your immune system?

Yes  No



**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](https://vsafe.cdc.gov)

OR

Aim your smartphone's camera at this code



# How to register and use v-safe

You will need your smartphone and information about the COVID-19 vaccine you received. This information can be found on your vaccination record card; if you cannot find your card, please contact your healthcare provider.

## Register

1. Go to the *v-safe* website using one of the two options below:

The image shows two registration options. On the left, a blue arrow-shaped box contains the text: "Use your smartphone's browser to go to [vsafe.cdc.gov](https://vsafe.cdc.gov)". In the center, the word "OR" is written in black. On the right, a purple arrow-shaped box contains the text: "Aim your smartphone's camera at this code" above a QR code.

2. Read the instructions. Click **Get Started**.
3. Enter your name, mobile number, and other requested information. Click **Register**.
4. You will receive a text message with a verification code on your smartphone. Enter the code in *v-safe* and click **Verify**.
5. At the top of the screen, click **Enter your COVID-19 vaccine information**.
6. Select which COVID-19 vaccine you received (found on your vaccination record card; if you cannot find your card, please contact your healthcare provider). Then enter the date you were vaccinated. Click **Next**.
7. Review your vaccine information. If correct, click **Submit**. If not, click **Go Back**.
8. **Congrats! You're all set!** If you complete your registration before 2pm local time, *v-safe* will start your initial health check-in around 2pm that day. If you register after 2pm, *v-safe* will start your initial health check-in immediately after you register — just follow the instructions.

You will receive a reminder text message from *v-safe* when it's time for the next check-in — around 2pm local time. Just click the link in the text message to start the check-in.

## Complete a v-safe health check-in

1. When you receive a *v-safe* check-in text message on your smartphone, click the link when ready.
2. Follow the instructions to complete the check-in.

## Troubleshooting

### How can I come back and finish a check-in later if I'm interrupted?

- Click the link in the text message reminder to restart and complete your check-in.

### How do I update my vaccine information after my second COVID-19 vaccine dose?

- *V-safe* will automatically ask you to update your second dose information. Just follow the instructions.

### Need help with v-safe?

Call 800-CDC-INFO (800-232-4636)

TTY 888-232-6348

Open 24 hours, 7 days a week

Visit [www.cdc.gov/vsafe](https://www.cdc.gov/vsafe)

