Colorado COVID-19
Vaccine Administration and Screening Form

Please print neatly in capital letters as shown in the example below

E X A M P L E 1 2 3

Please answer all questions as completely as possible

Use reverse side for notes

Personal Information. Provide information as completely as you can. All information will be kept confidential.

Last Name | First Name | MI | Gender ☐ M ☐ F

Street No. or PO Box | Street Name | Apt. Number

City | County | State

Zip Code | Phone ___-___-____ | E-mail

Date of Birth M M / D D / Y Y Y Y

Race/Ethnicity (Check all that apply)
- ☐ Asian
- ☐ Black, African American
- ☐ Native Hawaiian/Pacific Islander
- ☐ American Indian/Alaskan Native
- ☐ Hispanic/Latino
- ☐ White
- ☐ Other

Health Insurance Information
☐ Medicaid ☐ Medicare ☐ Kaiser Permanente ☐ Other Private ☐ No Insurance

Insurance Policy Number

Health Screening Questions

Footnotes for precautions/contraindications are on other side of this document

Question	Yes*	No
1. Are you sick today?	☐	☐
2. Do you have a serious allergy to food, a vaccine component, or latex?	☐	☐
3. Have you ever had a serious reaction to a previous dose of vaccine or any medication?	☐	☐
4. Have you had severe allergic reaction to any component of **either** the Pfizer-BioNTech **or the Moderna** vaccine?	☐	☐
5. Are you pregnant, or is there a chance you may become pregnant in the next 14 days?	☐	☐
6. Have you received any vaccinations in the last 14 days?	☐	☐
7. Have you been ill with or recovered from a COVID infection or had antibody therapy in the past 3 months?	☐	☐
8. Do you have any of the following illnesses or conditions? Chronic lung disease (including asthma), heart disease, diabetes, brain, spinal cord or muscle illness that causes swallowing or lung problems, problems with the immune system caused by medications and/or HIV, kidney disease, liver disease, blood disorders	☐	☐

Please identify Phase Category you are in (please choose only one)

- ☐ 1A-Highest risk: Direct contact w COVID patients, LTC staff/residents
- ☐ 1B-Moderate Risk: EMS, Fire, Police, Corrections, HH/hospice workers, Dental, other first responders, funeral services, COVID response personnel, Health care workers with less direct contact with COVID-19 patients
- ☐ 2-Higher risk and essential workers: Age 65 or older, or Individuals: 1) With underlying health conditions; 2) In direct contact with the public; 3) Working in or serving people in high density settings; 4) Health care workers not included in Phase 1, and; 5) Who received the placebo in Clinical Trials.
- ☐ 3-General Public: Age 18-64 without high-risk conditions

Authorization to Administer COVID Vaccine

I have read or had explained to me, and I understand the risks and benefits of receiving the 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	Dosage	Lot No.	Site:	Date Administered
☐ PFR (Pfizer) ☐ Moderna ☐ SP/GSK ☐ AstraZeneca/ Oxford Biomedica ☐ J&J	☐ 0.3 ml ☐ 0.5 ml		☐ RD ☐ RT ☐ LD ☐ LT	M M / D D / Y Y Y Y

Administered by:

Name ______________________ Title __________

Rev. 12/21/2020

Precautions/Contraindications for vaccination

Triage of persons presenting for vaccination with either Pfizer-BioNTech or the Moderna COVID-19 vaccine

	MAY PROCEED WITH VACCINATION	**PRECAUTION TO VACCINATION**	**CONTRAINDICATION TO VACCINATION**
CONDITIONS	CONDITIONS	CONDITIONS	CONDITIONS
	• Immunocompromising conditions • Pregnancy • Lactation	• Moderate/severe acute illness	• None
	ACTIONS	ACTIONS	ACTIONS
	• Additional information provided • 15 minute observation period	• Risk assessment • Potential deferral of vaccination • 15 minute observations period if vaccinated	• N/A
ALLERGIES	ALLERGIES	ALLERGIES	ALLERGIES
	• History of food, pet, insect, venom, environmental, latex, or other allergies not related to vaccines or injectable therapies • History of allergy to oral medications (including the oral equivalent of an injectable medication) • Non-serious allergy to vaccines or other injectables (e.g., no anaphylaxis) • Family history of anaphylaxis • Any other history of anaphylaxis that is not related to a vaccine or injectable therapy	• History of severe allergic reaction (e.g., anaphylaxis) to another vaccine (not including either the Pfizer-BioNTech or the Moderna vaccine) • History of severe allergic reaction (e.g., anaphylaxis) to an infectable therapy	• History of severe allergic reaction (e.g., anaphylaxis) to any component of either the Pfizer-BioNTech or the Moderna vaccine
	ACTIONS	ACTIONS	ACTIONS
	• 30 minute observation period: Persons with a history of severe allergic reaction (e.g., anaphylaxis) due to any cause • 15 minute observation period: Persons with allergic reaction, but not anaphylaxis	• Risk assessment • Potential deferral of vaccination • 30 minute observation period if vaccinated	• DO NOT VACCINATE

Regarding “Yes” answer to Question 7-Recent illness or antibody therapy. Vaccination should be deferred for 90 days as the circulating antibodies may interfere with vaccine response.

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