

Moderna COVID-19 Vaccine Screening Form



Section 1:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Recipient's Last Name	Recipient's First Name	MI	Date of Birth		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Auth Power of Attorney (POA)/Legal Guardian Last Name (if applicable)		POA/Guardian First Name		MI	Recipient Age
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Recipient Address		City	State	Zip	
<input type="text"/>	<input type="text"/>				
Recipient or POA/Guardian Phone Number	Recipient or POA/Guardian Email Address				

Recipient's Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other <input type="radio"/> Decline to specify	
Recipient's Race (Check all that apply): <input type="radio"/> Black <input type="radio"/> White <input type="radio"/> Native American/Alaskan Native <input type="radio"/> Native Hawaiian <input type="radio"/> Pacific Islander, specify: _____ <input type="radio"/> Asian: <input type="radio"/> Filipino <input type="radio"/> Japanese <input type="radio"/> Chinese <input type="radio"/> Other Asian, specify: _____ <input type="radio"/> Other race, specify: _____	Ethnicity: <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Unknown/Not Reported
Recipient's Primary Care Provider's Last Name	Provider's First Name

Section 2:

Have you previously been vaccinated with any COVID-19 vaccine?

Yes Product Name: _____ Date Received: ____/____/____
(Must provide documentation of previous vaccination with product type.)
Screener signature confirming documentation: _____

No

If previous product received is **Moderna** COVID-19 vaccine **AND** at least 28 days since date received, proceed to Section 3.

If previous product received is **NOT Moderna** COVID-19 vaccine, **STOP**. Moderna COVID-19 vaccine will **NOT** be administered.

	Yes	No
Section 3: Screening Questions to determine if you may be vaccinated today.		
1. Have you ever had a severe allergic reaction (e.g., anaphylaxis) OR an immediate allergic reaction of any severity (e.g. itching, hives, flushing, difficulty breathing), to a previous dose of a COVID-19 vaccine, any of its components, or any injectable medication or therapeutic, including IV contrast?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had an allergic reaction of any severity to any non-injectable medication, food, pet, insect, venom, latex, or environmental trigger?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered YES to question 1 you will NOT receive the Moderna COVID-19 vaccine today. Please speak with your healthcare provider.

If you answered YES to question 2 you will need to remain on site for a 30-minute observation period.

Section 4: Considerations from the CDC (see <https://www.cdc.gov/vaccines/covid-19/downloads/pre-vaccination-screening-form.pdf>)

Administration of Moderna COVID-19 Vaccine with other vaccines

- You should wait at least 14 days after getting any other vaccine before getting a COVID-19 vaccine.

COVID-19 infection

- You may receive a COVID-19 vaccine if you have had a COVID-19 infection in the past.
- If you have a COVID-19 infection now, you should wait until you are better and have completed your isolation period before getting a COVID-19 vaccine.

Recipient Name (Last) _____ (First) _____ (Date of Birth) _____

Section 4: (Continued)

Quarantine due to exposure to COVID-19 or travel

- If you are in quarantine because of COVID-19 exposure or because of recent travel, you should wait to complete your quarantine before getting a COVID-19 vaccine.

Monoclonal antibody or convalescent plasma treatment for COVID-19

- If you have received either of these treatments, you should wait at least 90 days to get a COVID-19 vaccine

Special populations: immunocompromised, pregnant, or breastfeeding

- A COVID-19 vaccine may be administered to immunocompromised individuals (including people with HIV and those on immunosuppressive medications) and to women who are pregnant or breastfeeding, BUT the vaccine has not been fully studied in these populations.
- If you are immunocompromised, pregnant, or breastfeeding consider talking with your doctor before getting a COVID-19 vaccine

If you have any additional questions after reviewing the above information, talk to your doctor or healthcare provider before getting the MODERNA COVID-19 Vaccine.

Section 5: Acknowledgment

I have been given a copy of the Fact Sheet for Recipients and Caregivers for the Emergency Use Authorization (EUA) of the Moderna COVID-19 vaccine and have read it. I have had the chance to ask questions and I am satisfied with the answers and explanations given. I understand that this vaccine has not yet been approved by the Food and Drug Administration ("FDA"), and is being given under an FDA issued EUA. I understand the benefits and risks of this vaccine and ask that the vaccine be given to me, or the person for whom I am authorized to make this request. I understand that because this is not an FDA-approved vaccine but is being given under an FDA issued Emergency Use Authorization, the State of Hawaii, its departments, agencies and employees ("the State") are immune from civil liability under federal and state law for all claims for loss related to any known or unknown side effects and/or injuries, including but not limited to death, that I, or the person for whom I am authorized to make this request, may experience from this vaccine. This immunity means that if I file a lawsuit against the State, the court must dismiss any such lawsuit, and the only exception to this immunity is for claims of willful misconduct. In addition, I have received information regarding the Hawaii Immunization Registry (see attached).

I acknowledge the above and request the vaccine to be administered to me, or to the named recipient.

Recipient Name (Please Print)

Date

Recipient Signature

Date

Parent/Legal Guardian/POA Name (Please Print)

Date

Signature of Parent/Legal Guardian/POA

Date

Section 5: Vaccine Documentation (DOH Use ONLY):

Vaccine	Dose #	Date Dose Administered	Dose Size	Site	Route	Vaccine Manufacturer	Lot Number	Exp. Date	Name, Address, and Title of Vaccine Administrator
Moderna COVID-19	#1 #2	/ /	0.5 mL	RA LA	IM	Moderna			

Vaccine Not Administered (Reason):

Contraindication Patient declined Other (describe): _____

Staff Name (please print): _____ Staff Signature: _____