



STATE OF MISSOURI

BUREAU OF IMMUNIZATIONS

**COVID-19 VACCINATION SCREENING AND CONSENT UNDER EMERGENCY USE
AUTHORIZATION**

Please complete the following information for the person receiving the COVID-19 vaccine.

PATIENT DEMOGRAPHIC INFORMATION

LAST NAME:		FIRST NAME:		MIDDLE INITIAL:
DATE OF BIRTH:		SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other		
RACE: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> None Specified <input type="checkbox"/> Refused		HISPANIC ETHNICITY: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Refused		
ADDRESS:		CITY:		
STATE:	ZIP:	HOME PHONE:	CELL PHONE:	
EMAIL:		WOULD LIKE A REMINDER FOR THE NEXT APPOINTMENT: <input type="checkbox"/> Yes <input type="checkbox"/> No Postcard/call/text		
<input type="checkbox"/> Private or employer insurance		<input type="checkbox"/> Underinsured	<input type="checkbox"/> Uninsured	<input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid

Phase 1B - Tier 1 Worker Information: Protecting those who keep us safe and help during emergencies

- ☐ First Responders ☐ Non-Patient Facing Public Health Infrastructure ☐ Emergency Management and Public Works
☐ Emergency Services Sector

Phase 1B - Tier 2 High-Risk Individuals: Protecting those who are at increased risk for severe illness

- ☐ Anyone aged 65 and older
☐ Any Adult with the following conditions:
Cancer, Chronic Kidney Disease, COPD (chronic obstructive pulmonary disease), Intellectual and/or developmental disabilities such as Down Syndrome, Heart Conditions (such as heart failure, coronary artery disease, or cardiomyopathies), Immunocompromised state from solid organ transplant, Severe Obesity (BMI greater than 40), Pregnancy, Sickle Cell Disease, &/or Type 2 Diabetes Mellitus

Phase 1B - Tier 3 Critical Infrastructure Workers: Protecting those who keep the essential functions of society running

- ☐ Education (K-12) ☐ Childcare ☐ Communications Sector ☐ Dams Sector ☐ Energy Sector
☐ Information Technology Sector ☐ Nuclear Reactors, Materials, and Waste Sector
☐ Transportation Systems Sector ☐ Water and Wastewater Systems Sector
☐ Government: Certain elected/appointed officials or other personnel designated by the executive, legislative, and judicial branches of state government
☐ Food/Agriculture Sector – initial: Employees of certain food production and processing facilities, and related operations, prioritizing mass food production, distribution, transportation, wholesale, veterinary serves, and retail sales.

Phase 2, Equity & Economic Recovery: Protecting those who have been disproportionately affected and accelerating economic recovery

- ☐ Chemical Sector ☐ Commercial Facilities Sector ☐ Critical Manufacturing Sector ☐ Defense Industrial Base Sector
☐ Financial Services Sector ☐ Higher Education ☐ Disproportionately Affected ☐ Homeless
☐ Government: Other state and local government designated personnel required to provide essential services
☐ Food/Agriculture Sector II: Remaining populations within the sector not included in 1B, including restaurants

Phase 3, Remaining Unvaccinated Populations: Protecting everyone else who has not been vaccinated, but wants to do so

- ☐ Resident who doesn't fall into the above phases/tiers

The State of Missouri is conducting a phased roll-out of the COVID-19 vaccine prioritizing saving lives and is dictated by vaccine availability. This form will gather information about you, including your employment and health risks to determine your eligibility and properly schedule your vaccination appointment. All your information will be kept confidential to the extent allowed by law. **By signing below you are self-certifying that everything you have indicated on this form is true and that you fall into the phase/tier indicated above.**

Specific information about the populations within each phase/tiers can be found on the [MOSStopsCovid.com](https://mohhs.missouri.gov/mostops-covid) website.

SIGNATURE/GUARDIAN	RELATIONSHIP TO CLIENT	TODAY'S DATE
<input type="checkbox"/> Clinical Judgement – all vaccinators are encourage to use their clinical judgement/discretion to authorize a vaccine for any individual, regardless of where they may otherwise fall in the prioritization process.		
PROVIDER SIGNATURE		DATE

HEALTH HISTORY		YES	NO	UNKNOWN
1. Are you feeling sick today?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For example, a reaction for which you were treated with epinephrine or Epi Pen or for which you had to go to the hospital?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had a serious reaction after any vaccination or injectable medication including a previous dose of the COVID-19 vaccine?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. In the past 14 days have you had contact with a confirmed COVID-19 patient?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you breastfeeding or pregnant?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you received passive antibody therapy as a treatment for COVID-19?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you immunocompromised? (<i>taking medication or being treated for cancer, leukemia, HIV/AIDS or other immune system problems or taking medication that affects your immune system</i>)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have a bleeding disorder or are you taking a blood thinner?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever received a dose of COVID-19 vaccine?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so, Date received _____				
<p>The Public Readiness and Emergency Preparedness Act (PREP Act) authorizes the CICP to provide benefits to certain individuals or estates of individuals who sustain a covered serious physical injury as the direct result of the administration or use of the covered countermeasures. The CICP can also provide benefits to certain survivors of individuals who die as a direct result of the administration or use of covered countermeasures identified in a PREP Act declaration. The PREP Act declaration for medical countermeasures against COVID-19 states that the covered countermeasures are any antiviral medication, any other drug, any biologic, any diagnostic, any other device, or any vaccine used to treat, diagnose, cure, prevent, or mitigate COVID-19, the transmission of SARS-CoV-2 or a virus mutating from SARS-CoV-2, or any device used in the administration of and all components and constituent materials of any such product. Information about the CICP and filing a claim is available by calling 1-855-266-2427 or visiting https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/pfizer-biontech-covid-19-vaccine or https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/moderna-covid-19-vaccine</p>				
PLEASE PRINT NAME of signature below				
SIGNATURE OF PATIENT		RELATIONSHIP TO CLIENT		TODAY'S DATE
<p align="center">ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES</p> <p>I, _____, acknowledge and agree that I have received or have been advised of the Missouri Department of Health and Senior Services' Notice of Privacy Practices and where I can obtain any revisions made to this Notice.</p> <p align="center">PRINT NAME HERE</p>				
CLIENT SIGNATURE/LEGAL REPRESENTATIVE		RELATIONSHIP TO CLIENT		TODAY'S DATE
<p align="center">FOR CLINIC USE ONLY</p>				
MANUFACTURER	BRAND	LOT NUMBER		
DOSE NUMBER <input type="checkbox"/> 1 <input type="checkbox"/> 2	*EXP. DATE:	*DATE ADMINISTERED:		
*EUA FACT SHEET DATE:	*EUA FACT SHEET GIVEN DATE:	INJECTION SITE (DELTOID) <input type="checkbox"/> L <input type="checkbox"/> R		
		VACCINE DOSE:		
ADMINISTERED BY NAME & TITLE:				
AGENCY:				
AGENCY ADDRESS:				
CLINIC ADMINISTRATION ADDRESS				

Are you feeling sick today? There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. However, as a precaution with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. Mild illnesses (e.g., upper respiratory infections, diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics. Vaccination of persons with current SARS-CoV-2 infection should be deferred until the person has recovered from acute illness and they can discontinue isolation. While there is no minimum interval between infection and vaccination, current evidence suggests reinfection is uncommon in the 90 days after initial infection. Persons with documented acute SARSCoV-2 infection in the preceding 90 days may delay vaccination until near the end of this period, if desired.

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? Allergic reactions, including severe allergic reactions, NOT related to vaccines or injectable therapies (e.g., food, pet, venom, environmental, or latex allergies; oral medications) are NOT a contraindication or precaution to vaccination with currently authorized COVID-19 vaccine. HOWEVER, individuals who have had severe allergic reactions to something, regardless of cause, should be observed for 30 minutes after vaccination. All other persons should be observed for 15 minutes.

Have you ever had a serious reaction after any vaccination or injectable medication including a previous dose of the COVID-19 vaccine? History of severe allergic reaction (e.g., anaphylaxis) to a previous dose or component of the COVID-19 vaccine product being offered is a contraindication to that COVID-19 vaccine. If the patient answers Yes to this question, defer vaccination for 90 days from date of therapy.

In the past 14 days have you had contact with a confirmed COVID-19 patient? Wait until 14 days after quarantine period ends if the contact was in an outpatient or community setting. If person is a resident in a congregate healthcare or other congregate setting go ahead and vaccinate

Are you breastfeeding or pregnant? Is not a contraindication to current COVID-19 vaccination. While there are currently no available data on the safety of COVID-19 vaccines in pregnant people, studies and results are expected soon. Pregnant people may choose to get vaccinated. Observational data demonstrate that while the absolute risk is low, pregnant people with COVID-19 have an increased risk of severe illness. Breastfeeding is not a contraindication to current COVID-19 vaccine. Lactating people may choose to be vaccinated. There is no data available for lactating people on the effects of mRNA vaccines.

Have you received passive antibody therapy as a treatment for COVID-19? Based on the estimated half-life of monoclonal antibodies or convalescent plasma as part of COVID-19 treatment, as well as evidence suggesting that reinfection is uncommon in the 90 days after initial infection, vaccination should be deferred for at least 90 days, as a precautionary measure until additional information becomes available, to avoid interference of the antibody treatment with vaccine-induced immune responses

Are you immunocompromised? (taking medication or being treated for cancer, leukemia, HIV/AIDS or other immune system problems or taking medication that affects your immune system) is not a contraindication to current COVID-19 vaccine, including those with cancer, leukemia, HIV/AIDS and other immune system problems or taking medication that affects their immune systems. However, patients should be informed that the vaccine might be less effective than in someone who is immunocompetent.

Do you have a bleeding disorder or are you taking a blood thinner? COVID-19 vaccine may be given to these patients, if a physician familiar with the patient's bleeding risk determines that the vaccine can be administered intramuscularly with reasonable safety. ACIP recommends the following technique for intramuscular vaccination in patients with bleeding disorders or taking blood thinners: a fine-gauge needle (23-gauge or smaller caliber) should be used for the vaccination, followed by firm pressure on the site, without rubbing, for at least 2 minutes.