

#### COVID-19 VACCINATION SCREENING & ENCOUNTER FORM



DATE:			VDH Client ID#											
Last Name			First Name N			Mic	iddle Name					Birth Date		
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	Street													
Address (Not a PO Box)	Jucci													
(NOT a PO BOX)	City						tateZip							
Gender □M □	F Race		Indian/Alaskan Native ☐ Asian ☐ Black or African American Native or Other Pacific Islander ☐ White ☐ Not Stated							ican	Hispanic/Latino  ☐ Yes ☐ 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.								ented to						
RECEIPT OF THE NOTICE OF PRIVACY PRACTICES														
I acknowledge that I have read the Notice of Privacy Practices from the Virginia Department of Health.														
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Patient, Parent/Legal Guardian, Person Acting in Loco Parentis -Printed Name Signature Date									ate					
Provider Printed	Name Signature										Date			
CHS-2b_COVID (12/2	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?
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

### 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

OR

Aim your smartphone's camera at this code

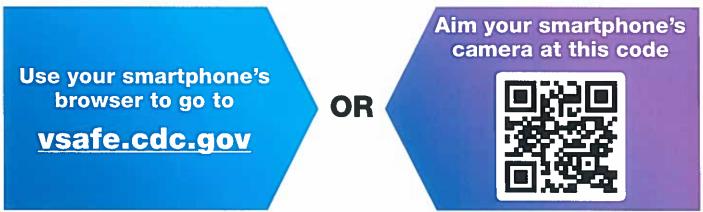


# How to register and use v-safe

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:



- 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.
- 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.
- 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 <u>www.cdc.gov/vsafe</u>

