

# BUTLER COUNTY GENERAL HEALTH DISTRICT

## COVID-19 Vaccine Registration Form

☐ FIRST SHOT

**\*\*Date\*\*** \_\_\_\_\_

☐ SECOND SHOT

FIRST NAME		MIDDLE INITIAL	LAST NAME		TODAY'S DATE / /	
*****DATE OF BIRTH***** / /		**AGE**	**18 OR OLDER?** <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>**RACE**</b> <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	
*****PHONE NUMBER*****		*****EMAIL*****		<b>ETHNICITY</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino  <b>SEX</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other		
STREET ADDRESS						
CITY		STATE	ZIP	COUNTY OF RESIDENCE		
<b>INSURANCE</b> If you have health insurance: _____ <b>Member ID #:</b> _____ Buckeye, Care Source, Molina, Paramount, Ohio Medicaid, UHC Community, Aetna, Anthem, United Health Care						
1. Are you feeling sick today?				<input type="checkbox"/> No <input type="checkbox"/> Yes		
2. Have you ever received a dose of COVID-19 vaccine?				<input type="checkbox"/> No <input type="checkbox"/> Yes		
3. If yes, which vaccine product? <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Janssen (JnJ) <input type="checkbox"/> Other _____				<input type="checkbox"/> No <input type="checkbox"/> Yes		
4. Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something?				<input type="checkbox"/> No <input type="checkbox"/> Yes		
5. Was the severe allergic reaction after receiving a COVID-19 vaccine?				<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A		
6. Was the severe allergic reaction after receiving another vaccine or another injectable medication?				<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A		
7. Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19? (Must wait 90 days after infusion to get COVID vaccine)				<input type="checkbox"/> No <input type="checkbox"/> Yes		
8. Have you received any type of vaccine in the last 14 days? (Must wait 14 days from ANY injection)				<input type="checkbox"/> No <input type="checkbox"/> Yes		
9. Have you had a positive test for COVID-19 or has a doctor ever told you that you had COVID-19?				<input type="checkbox"/> No <input type="checkbox"/> Yes		
10. Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies?				<input type="checkbox"/> No <input type="checkbox"/> Yes		
11. Do you have a bleeding disorder or are you taking a blood thinner?				<input type="checkbox"/> No <input type="checkbox"/> Yes		
12. Are you pregnant or breastfeeding?				<input type="checkbox"/> No <input type="checkbox"/> Yes		

**IF YOU SAID YES TO QUESTIONS 4, 5 or 6 YOU WILL NEED TO WAIT 30 MINUTES AFTER RECEIVING VACCINE.**

**What group are you in? (select only one)**

- |  |   |
|--|---|
| <input type="checkbox"/> Assisted Living Facility Resident       | <input type="checkbox"/> Hospital worker Administrative Staff                           |
| <input type="checkbox"/> Assisted Living Facility Staff          | <input type="checkbox"/> Hospital worker Ancillary Staff                                |
| <input type="checkbox"/> Skilled Nursing Facility (RCF) Resident | <input type="checkbox"/> Non-Hospital healthcare worker Clinical Staff                  |
| <input type="checkbox"/> Skilled Nursing Facility (RCF) Staff    | <input type="checkbox"/> Non-Hospital healthcare worker Administrative Staff            |
| <input type="checkbox"/> State of Ohio DODD Resident             | <input type="checkbox"/> Non-Hospital healthcare worker Ancillary Staff                 |
| <input type="checkbox"/> State of Ohio DODD Staff                | <input type="checkbox"/> Emergency Medical Services EMTs/Paramedics                     |
| <input type="checkbox"/> State of Ohio Veterans Home Resident    | <input type="checkbox"/> Law Enforcement, Corrections, Firefighter                      |
| <input type="checkbox"/> State of Ohio Veterans Home Staff       | <input type="checkbox"/> Individual with congenital disorders or early onset conditions |
| <input type="checkbox"/> State of Ohio MHAS Resident             | <input type="checkbox"/> Funeral Services Worker  |
| <input type="checkbox"/> State of Ohio MHAS Staff                | <input type="checkbox"/> Childcare Services Worker                                      |
| <input type="checkbox"/> State of Ohio DRC LTC residents         | <input type="checkbox"/> Individual working in K-12 schools                             |
| <input type="checkbox"/> State of Ohio DRC LTC staff             | <input type="checkbox"/> Individual over 18 years of age                                |
| <input type="checkbox"/> Congregate Care Facility Resident       | <input type="checkbox"/> Individual over 40 years of age                                |
| <input type="checkbox"/> Congregate Care Facility Staff          | <input type="checkbox"/> Individual over 50 years of age                                |
| <input type="checkbox"/> Diabetes Type 1                         | <input type="checkbox"/> Individual over 60 years of age                                |
| <input type="checkbox"/> Diabetes Type 2                         | <input type="checkbox"/> Individual over 65 years of age                                |
| <input type="checkbox"/> Pregnant                                | <input type="checkbox"/> Individual over 70 years of age                                |
| <input type="checkbox"/> ALS (Amyotrophic lateral sclerosis)     | <input type="checkbox"/> Individual over 75 years of age                                |
| <input type="checkbox"/> Bone Marrow Transplant Recipient        | <input type="checkbox"/> Individual over 80 years of age                                |
|  | <input type="checkbox"/> Chronic Obstructive Pulmonary Disease                          |

- |   |  |
|---|--|
| <input type="checkbox"/> Acute Renal Failure            | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Hospital worker Clinical Staff | <input type="checkbox"/> Obesity       |
| <input type="checkbox"/> End Stage Renal Disease        | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Cancer                         |  |
| <input type="checkbox"/> Chronic Kidney Disease (CKD)   |  |

I certify that I am the patient at least 18 years old, the parent or legal guardian of the patient who is under 18 years old or the legal guardian of the patient who is over 18 years old. I was given an explanation about the diseases and vaccines circled below. I had the opportunity to ask questions that were answered to my satisfaction and I have received the Vaccine Information Sheet(s). I understand the benefits and risks of the vaccine(s) and further understand it is not possible all possible to predict all possible side effects or complications associated with receiving a vaccine(s). I give my permission for myself, my child or my ward to be vaccinated by the Butler County Health Department. I am authorized to make this request for the above named person.

I hereby release and hold harmless the Butler County Health Department and all other applicable providers, their staff, agents, successors, divisions, affiliates, subsidiaries, officers, directors, contractors and employees from any and all liabilities or claims whether known or unknown arising out of, in connection with, or in any way related to the administration of the vaccine(s) circled below including but not limited to adverse reactions to the vaccine, harm resulting from the administration of the vaccine and any other harm which may arise at the location in which the vaccine is administered which is in any way associated with the vaccination which I have freely and voluntarily requested. I authorize the release of this record to the Ohio Department of Health Immunization Program, my/my child's health care provider, and school. I hereby acknowledge receipt of, or decline the Notice of Health Information Privacy Practices, HIPPA. I give my permission for the filing of claims with my insurance company.

**After receiving this vaccine we recommend you wait 15 minutes, unless otherwise identified to wait 30 minutes. If you leave the vaccination site before 15 or 30 minutes has passed after your vaccination you assume any risks associated with not waiting the recommended amount of time. Please be aware that staff may be taking pictures for social media and clinic improvement purposes. If you do not want your picture to be taken please let us know at the clinic.**

**\*\*\*PATIENT SIGNATURE (parent/guardian if under age 18, or is your ward)\*\*\***

**DATE**

***Whoa there. That's far enough. We'll take it from here.***

<b>VACCINE NAME</b> COVID-19	<b>LOT NUMBER</b>	<b>EXPIRATION DATE</b>	<b>DOSE SIZE</b> <input checked="" type="checkbox"/> Full (1.0) <input type="checkbox"/> Half (0.5)	<b>MANUFACTURER</b> <input type="checkbox"/> Moderna <input type="checkbox"/> Janssen (Johnson & Johnson)  <input type="checkbox"/> Pfizer
<b>ROUTE OF ADMIN</b> <input checked="" type="checkbox"/> IM <input type="checkbox"/> TD <input type="checkbox"/> IV <input type="checkbox"/> NS <input type="checkbox"/> SC <input type="checkbox"/> ID <input type="checkbox"/> O <input type="checkbox"/> Other	<b>SITE OF INJECTION</b> <input type="checkbox"/> Left Arm <input type="checkbox"/> Left Thigh <input type="checkbox"/> Right Arm <input type="checkbox"/> Right Thigh	<b>DOSE IN SERIES</b> <input type="checkbox"/> First <input type="checkbox"/> Second	<b>SERIES COMPLETE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>VACCINATOR</b>	<b>NOTES</b>			
<b>CLINIC LOCATION</b>	<b>CLINIC TYPE</b>	<b>CLINIC ADDRESS</b>	<b>STATE VACCINE SYSTEM DATA ENTRY</b> <b>X By clinic/agency GIVING vaccine (N)</b> <input type="checkbox"/> By clinic/agency NOT giving vaccine (Y)	

ADULT VACCINES (CIRCLE ONE)	Admin Codes (CIRCLE ONE)	CVX Code (CIRCLE ONE)	CPT Code (CIRCLE ONE)
SARS-CoV-2 Vaccine			
<b>Pfizer:</b> mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use (2-doses required) with counseling	0001A (1 <sup>st</sup> dose) 0002A (2 <sup>nd</sup> dose)	208	91300
<b>Moderna:</b> mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use (2 doses required) with counseling	0011A (1 <sup>st</sup> dose) 0012A (2 <sup>nd</sup> dose)	207	91301
<b>Janssen (Johnson &amp; Johnson):</b> vector-nr, rS-Ad26, preservative free, 0.5 mL dosage, for intramuscular use, (1 dose required) with counseling	0031A (1 dose)	212	91303



**FACT SHEET FOR RECIPIENTS AND CAREGIVERS**  
**EMERGENCY USE AUTHORIZATION (EUA) OF**  
**THE MODERNA COVID-19 VACCINE TO PREVENT CORONAVIRUS DISEASE 2019 (COVID-19) IN INDIVIDUALS 18 YEARS OF AGE AND OLDER**

You are being offered the Moderna COVID-19 Vaccine to prevent Coronavirus Disease 2019 (COVID-19) caused by SARS-CoV-2. This Fact Sheet contains information to help you understand the risks and benefits of the Moderna COVID-19 Vaccine, which you may receive because there is currently a pandemic of COVID-19.

The Moderna COVID-19 Vaccine is a vaccine and may prevent you from getting COVID-19. There is no U.S. Food and Drug Administration (FDA) approved vaccine to prevent COVID-19.

Read this Fact Sheet for information about the Moderna COVID-19 Vaccine. Talk to the vaccination provider if you have questions. It is your choice to receive the Moderna COVID-19 Vaccine.

The Moderna COVID-19 Vaccine is administered as a 2-dose series, 1 month apart, into the muscle.

The Moderna COVID-19 Vaccine may not protect everyone.

This Fact Sheet may have been updated. For the most recent Fact Sheet, please visit [www.modernatx.com/covid19vaccine-eua](http://www.modernatx.com/covid19vaccine-eua).

**WHAT YOU NEED TO KNOW BEFORE YOU GET THIS VACCINE**

**WHAT IS COVID-19?** COVID-19 is caused by a coronavirus called SARS-CoV-2. This type of coronavirus has not been seen before. You can get COVID-19 through contact with another person who has the virus. It is predominantly a respiratory illness that can affect other organs. People with COVID-19 have had a wide range of symptoms reported, ranging from mild symptoms to severe illness. Symptoms may appear 2 to 14 days after exposure to the virus. Symptoms may include: fever or chills; cough; shortness of breath; fatigue; muscle or body aches; headache; new loss of taste or smell; sore throat; congestion or runny nose; nausea or vomiting; diarrhea.

**WHAT IS THE MODERNA COVID-19 VACCINE?** The Moderna COVID-19 Vaccine is an unapproved vaccine that may prevent COVID-19. There is no FDA-approved vaccine to prevent COVID-19.

The FDA has authorized the emergency use of the Moderna COVID-19 Vaccine to prevent COVID-19 in individuals 18 years of age and older under an Emergency Use Authorization (EUA).

For more information on EUA, see the “**What is an Emergency Use Authorization (EUA)?**” section at the end of this Fact Sheet.

**WHAT SHOULD YOU MENTION TO YOUR VACCINATION PROVIDER BEFORE YOU GET THE MODERNA COVID-19 VACCINE?** Tell your vaccination provider about all of your medical conditions, including if you:

- have any allergies
- have a fever
- have a bleeding disorder or are on a blood thinner
- are immunocompromised or are on a medicine that affects your immune system
- are pregnant or plan to become pregnant
- are breastfeeding
- have received another COVID-19 vaccine

**WHO SHOULD GET THE MODERNA COVID-19 VACCINE?** FDA has authorized the emergency use of the Moderna COVID-19 Vaccine in individual is 18 years of age and older.

**WHO SHOULD NOT GET THE MODERNA COVID-19 VACCINE?** You should not get the Moderna COVID-19 Vaccine if you:

- had a severe allergic reaction after a previous dose of this vaccine
- had a severe allergic reaction to any ingredient of this vaccine

## **WHAT ARE THE INGREDIENTS IN THE MODERNA COVID-19 VACCINE?**

The Moderna COVID-19 Vaccine contains the following ingredients: messenger ribonucleic acid (mRNA), lipids (SM-102, polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG], cholesterol, and 1,2-distearoyl-sn-glycero-3-phosphocholine [DSPC]), tromethamine, tromethamine hydrochloride, acetic acid, sodium acetate, and sucrose.

## **HOW IS THE MODERNA COVID-19 VACCINE GIVEN?**

The Moderna COVID-19 Vaccine will be given to you as an injection into the muscle. The Moderna COVID-19 Vaccine vaccination series is 2 doses given 1 month apart. If you receive one dose of the Moderna COVID-19 Vaccine, you should receive a second dose of the same vaccine 1 month later to complete the vaccination series.

## **HAS THE MODERNA COVID-19 VACCINE BEEN USED BEFORE?**

The Moderna COVID-19 Vaccine is an unapproved vaccine. In clinical trials, approximately 15,400 individuals 18 years of age and older have received at least 1 dose of the Moderna COVID-19 Vaccine.

## **WHAT ARE THE BENEFITS OF THE MODERNA COVID-19 VACCINE?**

In an ongoing clinical trial, the Moderna COVID-19 Vaccine has been shown to prevent COVID-19 following 2 doses given 1 month apart. The duration of protection against COVID-19 is currently unknown.

## **WHAT ARE THE RISKS OF THE MODERNA COVID-19 VACCINE?**

Side effects that have been reported with the Moderna COVID-19 Vaccine include:

- Injection site reactions: pain, tenderness and swelling of the lymph nodes in the same arm of the injection, swelling (hardness), and redness
- General side effects: fatigue, headache, muscle pain, joint pain, chills, nausea and vomiting, and fever.

There is a remote chance that the Moderna COVID-19 Vaccine could cause a severe allergic reaction. A severe allergic reaction would usually occur within a few minutes to one hour after getting a dose of the Moderna COVID-19 Vaccine. For this reason, your vaccination provider may ask you to stay at the place where you received your vaccine for monitoring after vaccination. Signs of a severe allergic reaction can include:

- Difficulty breathing
- Swelling of your face and throat
- A fast heartbeat
- A bad rash all over your body
- Dizziness and weakness

These may not be all the possible side effects of the Moderna COVID-19 Vaccine. Serious and unexpected side effects may occur. The Moderna COVID-19 Vaccine is still being studied in clinical trials.

## **WHAT SHOULD I DO ABOUT SIDE EFFECTS?**

If you experience a severe allergic reaction, call 9-1-1, or go to the nearest hospital.

Call the vaccination provider or your healthcare provider if you have any side effects that bother you or do not go away.

Report vaccine side effects to **FDA/CDC Vaccine Adverse Event Reporting System (VAERS)**. The VAERS toll-free number is 1-800-822-7967 or report online to <https://vaers.hhs.gov/reportevent.html>. Please include “Moderna COVID-19 Vaccine EUA” in the first line of box #18 of the report form.

In addition, you can report side effects to ModernaTX, Inc. at 1-866-MODERNA (1-866-663-3762).

You may also be given an option to enroll in **v-safe**. **V-safe** is a new voluntary smartphone-based tool that uses text messaging and web surveys to check in with people who have been vaccinated to identify potential side effects after COVID-19 vaccination. **V-safe** asks questions that help CDC monitor the safety of COVID-19 vaccines. **V-safe** also provides second-dose reminders if needed and live telephone follow-up by CDC if participants report a significant health impact following COVID-19 vaccination. For more information on how to sign up, visit: [www.cdc.gov/vsafe](http://www.cdc.gov/vsafe).

## **WHAT IF I DECIDE NOT TO GET THE MODERNA COVID-19 VACCINE?**

It is your choice to receive or not receive the Moderna COVID-19 Vaccine. Should you decide not to receive it, it will not change your standard medical care.

## **ARE OTHER CHOICES AVAILABLE FOR PREVENTING COVID-19 BESIDES MODERNA COVID-19 VACCINE?**

Currently, there is no FDA-approved alternative vaccine available for prevention of COVID-19. Other vaccines to prevent COVID-19 may be available under Emergency Use Authorization.

## **CAN I RECEIVE THE MODERNA COVID-19 VACCINE WITH OTHER VACCINES?**

There is no information on the use of the Moderna COVID-19 Vaccine with other vaccines.

#### **WHAT IF I AM PREGNANT OR BREASTFEEDING?**

If you are pregnant or breastfeeding, discuss your options with your healthcare provider.

#### **WILL THE MODERNA COVID-19 VACCINE GIVE ME COVID-19?**


No. The Moderna COVID-19 Vaccine does not contain SARS-CoV-2 and cannot give you COVID-19.

#### **KEEP YOUR VACCINATION CARD**

When you receive your first dose, you will get a vaccination card to show you when to return for your second dose of the Moderna COVID-19 Vaccine. Remember to bring your card when you return.

#### **ADDITIONAL INFORMATION**

If you have questions, visit the website or call the telephone number provided below. To access the most recent Fact Sheets, please scan the QR code provided below.

Moderna COVID-19 Vaccine web site	Telephone number
<a href="http://www.modernatx.com/covid19vaccine-eua">www.modernatx.com/covid19vaccine-eua</a> 	1-866-MODERNA (1-866-663-3762)

#### **HOW CAN I LEARN MORE?**

- Ask the vaccination provider
- Visit CDC at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- Visit FDA at <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization>
- Contact your state or local public health department

#### **WHERE WILL MY VACCINATION INFORMATION BE RECORDED?**

The vaccination provider may include your vaccination information in your state/local jurisdiction's Immunization Information System (IIS) or other designated system. This will ensure that you receive the same vaccine when you return for the second dose. For more information about IISs, visit: <https://www.cdc.gov/vaccines/programs/iis/about.html>.

#### **WHAT IS THE COUNTERMEASURES INJURY COMPENSATION PROGRAM?**

The Countermeasures Injury Compensation Program (CICP) is a federal program that may help pay for costs of medical care and other specific expenses of certain people who have been seriously injured by certain medicines or vaccines, including this vaccine. Generally, a claim must be submitted to the CICP within one (1) year from the date of receiving the vaccine. To learn more about this program, visit [www.hrsa.gov/cicp/](http://www.hrsa.gov/cicp/) or call 1-855-266-2427.

#### **WHAT IS AN EMERGENCY USE AUTHORIZATION (EUA)?**

The United States FDA has made the Moderna COVID-19 Vaccine available under an emergency access mechanism called an EUA. The EUA is supported by a Secretary of Health and Human Services (HHS) declaration that circumstances exist to justify the emergency use of drugs and biological products during the COVID-19 pandemic.

The Moderna COVID-19 Vaccine has not undergone the same type of review as an FDA- approved or cleared product. FDA may issue an EUA when certain criteria are met, which includes that there are no adequate, approved, and available alternatives. In addition, the FDA decision is based on the totality of the scientific evidence available showing that the product may be effective to prevent COVID-19 during the COVID-19 pandemic and that the known and potential benefits of the product outweigh the known and potential risks of the product. All of these criteria must be met to allow for the product to be used during the COVID-19 pandemic.

The EUA for the Moderna COVID-19 Vaccine is in effect for the duration of the COVID-19 EUA declaration justifying emergency use of these products, unless terminated or revoked (after which the products may no longer be used).



## 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.\*

#### 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](http://www.cdc.gov/vsafe)

\*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.



### Adverse Event Information

If you have concerns or need advice about side effects or believe you are having an adverse reaction and want to speak to someone about it, please call the Vaccine Safety Hotline at **1-877-603-0170**. It is available 24/7.

What is an Adverse Event? An adverse event is a health problem that happens after vaccination that may or may not be caused by a vaccine. Adverse events reported to VAERS are not necessarily side effects caused by vaccination.

What system is used to track adverse events? The **Vaccine Adverse Event Reporting System (VAERS)** is a system that helps CDC and the Food and Drug Administration (FDA) monitor health problems that may occur following vaccination. Anyone can submit a report to VAERS including health care professionals, vaccine manufacturers, vaccine recipients, and parents or family members of people who have received a vaccine. VAERS is not designed to detect if a vaccine caused an adverse event, but it can help identify if there are possible safety problems requiring a closer look.

**IF YOU SUSPECT AN ADVERSE EVENT IS A MEDICAL EMERGENCY, DIAL 911 OR GO TO THE NEAREST EMERGENCY CENTER.**

- Call your health care provider for medical assistance regarding your reaction.
- Submit a report of your event to VAERS here: <https://vaers.hhs.gov/>



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](http://vsafe.cdc.gov)

OR

Aim your smartphone's camera at this cod

