

HOW TO PREPARE FOR YOUR COVID-19 VACCINE

While you're waiting to receive your COVID-19 vaccine, and even after you receive your vaccine, it's important to continue to wear a mask that covers your mouth and nose, stay at least 6 feet away from others, avoid crowds and wash your hands often.

Before You Get Vaccinated

- Talk with your health care provider to see if vaccination is right for you.
- Check if COVID-19 vaccination is recommended for you right now and make an appointment to get vaccinated.
- Stay home as much as possible to avoid exposure to COVID-19.
- Wear a mask, social distance, avoid gatherings and crowds, and wash your hands often.
- Complete the enclosed registration form prior to arriving at your appointment. This will help you and the vaccination site save time upon arrival and check-in process.

At Your Vaccination Appointment

- When you get the vaccine, you and the person administering the vaccine will both need to wear masks that cover your nose and mouth.
- You will receive a vaccination card that tells you which COVID-19 vaccine you received, the date you received it and where you received it. It should also have a reminder for you to return for a second dose (if you receive a two-dose vaccine)
- You'll receive a fact sheet that contains information to help you understand the risks and benefits of receiving the COVID-19 vaccine you are being offered.
- You'll be monitored on site after you receive your vaccination to watch for any reaction to the vaccine.

After You Receive a Vaccination

- With most COVID-19 vaccines, you'll need two shots in order for them to work. Get the second shot even if you have side effects after the first one, unless a vaccination provider or your doctor tells you not to get a second shot.
- People are considered fully vaccinated:
 - » 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or
 - » 2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine.
- Register for v-safe, a free, smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins after you receive a COVID-19 vaccination. V-safe also reminds you to get your second dose if you need one.
- Learn about common side effects and get helpful tips!
- Remember to get your second shot if you receive a two-dose vaccine!

Source: <https://www.health.pa.gov/topics/disease/coronavirus/Vaccine/Pages/Prepare.aspx>

Sharing facts **to erase fear**

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COVID-19 Vaccine Registration Form

Please fill out this top section

Legal Name (First and Last) Date of Birth Gender

Home Address Phone Number

Name of Primary Care Provider Emergency Contact & Phone

RACE [] American Indian/Alaskan Native [] Black or African American [] Native Hawaiian or Pacific Islander [] Decline to Specify [] Asian [] White [] Other HISPANIC ORIGIN? [] Yes [] No

Emergency Use Authorization

The FDA has made the COVID-19 vaccine available under an emergency use authorization (EUA). The EUA is used when circumstances exist to justify the emergency use of drugs and biological products during an emergency, such as the COVID-19 pandemic. This vaccine has not completed the same type of review as an FDA-approved or cleared product. However, the FDA's decision to make the vaccine available under an EUA is based on the existence of a public health emergency and the totality of scientific evidence available, showing that known and potential benefits of the vaccine outweigh the known and potential risks.

Consent

I have been provided and have read, or had explained to me, the COVID -19 Vaccination Fact Sheet. I have been given an opportunity to ask questions which were answered to my satisfaction. I understand the benefits and risks of the vaccination as described. I request that the COVID -19 vaccination be given to me. I understand that I should remain in the vaccine administration area for 20 minutes after the vaccination to be monitored for any potential adverse reactions. I understand that two doses of this vaccine will need to be administered in order for it to be effective. I understand there will be no cost to me for this vaccine. I authorize release of all information as needed for public health purposes, including reporting to the applicable vaccine registries.

Signature Date/Time

Clinical Use Only (to be completed by PCT/Provider administering vaccine only)

Today's Date

Vaccine Manufacturer Lot # Expiration Date

Vaccination Site (L/R) Vaccination Route

PCT/Vaccine Admin Name & Signature Initial [] Initial []

Time of vaccine administration Monitoring end time

Completed Administration

Print Name Title

Signature

Prevaccination Checklist for COVID-19 Vaccines



Patient Name _____

Age _____

For vaccine recipients

The following questions will help us determine if there is any reason you should not get the COVID-19 vaccine 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.

	Yes	No	Don't Know
1. Are you feeling sick today			
2. Have you ever received a dose of COVID-19 vaccine?			
<ul style="list-style-type: none"> If yes, which vaccine product did you receive? <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Another product _____ 			
3. Have you ever had an allergic reaction to: (This would include a severe allergic reaction [e.g., anaphylaxis] that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that occurred within 4 hours that caused hives, swelling, or respiratory distress, including wheezing.)			
<ul style="list-style-type: none"> A component of the COVID-19 vaccine, including polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures 			
<ul style="list-style-type: none"> Polysorbate 			
<ul style="list-style-type: none"> A previous dose of COVID-19 vaccine 			
4. Have you ever had an allergic reaction to another vaccine (other than COVID-19 vaccine) or an injectable medication? (This would include a severe allergic reaction [e.g., anaphylaxis] that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that occurred within 4 hours that caused hives, swelling, or respiratory distress, including wheezing.)			
5. Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something other than a component of COVID-19 vaccine, polysorbate, or any vaccine or injectable medication? This would include food, pet, environmental, or oral medication allergies.			
6. Have you received any vaccine in the last 14 days?			
7. Have you ever had a positive test for COVID-19 or has a doctor ever told you that you had COVID-19?			
8. Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19			
9. Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies?			
10. Do you have a bleeding disorder or are you taking a blood thinner?			
11. Are you pregnant or breastfeeding?			

Form reviewed by _____

Date _____