STATE OF MISSOURI
BUREAU OF IMMUNIZATIONS

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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	ARE YOU A MINOR LESS THAN 18 YRS OLD	SEX
	☐ Yes ☐ No	☐ Male ☐ Female ☐ Transgender ☐ Other

RACE	HISPANIC ETHNICITY	DO YOU HAVE A DISABILITY?
☐ White ☐ Black ☐ Asian ☐ Pacific Islander ☐ American Indian/Alaskan Native ☐ None Specified ☐ Refused	☐ Yes ☐ No ☐ Unknown ☐ Refused	☐ Yes ☐ No ☐ Prefer not to answer

ADDRESS	CITY

STATE	ZIP	COUNTY	HOME PHONE	CELL PHONE

EMAIL	WOULD LIKE A REMINDER FOR THE NEXT APPOINTMENT
	☐ Yes ☐ No Postcard / call / text

☐ Private or employer insurance ☐ Underinsured ☐ Uninsured ☐ Medicare ☐ Medicaid

	HEALTH HISTORY	YES	NO	UNKNOWN
1.	Are you feeling sick today?	☐	☐	☐
2.	Have you ever received a dose of COVID-19 vaccine?	☐	☐	☐
3.	If yes, which vaccine product did you receive? ☐ Pfizer ☐ Moderna ☐ Janssen (J&J) ☐ Other Product Date Received _____			
4.	In the past 14 days have you had contact with a confirmed COVID-19 patient?	☐	☐	☐
5.	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.) • Polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures • Polysorbate, which is found in some vaccines, film coated tablets, and intravenous steroids • A previous dose of COVID-19 vaccine • A vaccine or injectable therapy that contains multiple components, one of which is a COVID-19 vaccine component, but it is not known which component elicited the immediate reaction	☐	☐	☐
6.	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.)	☐	☐	☐
7.	Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something other than a component of COVID-19 vaccine, or any vaccine or injectable medication? This would include food, pet, venom, environmental, or oral medication allergies.	☐	☐	☐
8.	Have you ever had a positive test for COVID-19 or has a doctor ever told you that you had COVID-19?	☐	☐	☐
9.	Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19?	☐	☐	☐
10.	Do you have a bleeding disorder or are you taking a blood thinner?	☐	☐	☐
11.	Have you been diagnosed with an immune mediated syndrome characterized by thrombosis and thrombocytopenia or Heparin Induced Thrombocytopenia (HIT)?	☐	☐	☐
12.	Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies?	☐	☐	☐
13.	Do you have dermal fillers?	☐	☐	☐
14.	Are you pregnant or breastfeeding?	☐	☐	☐
15.	Do you have or have a history of Multisystem Inflammatory Syndrome in Children or Adults (MIS-C or MIS-A)?	☐	☐	☐

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 the covered countermeasures identified in the 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 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
https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/moderna-covid-19-vaccine
https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/janssen-covid-19-vaccine

MINOR SELECTION OPTIONS (DOCUMENTATION REQUIRED UNLESS PARENT/GUARDIAN PRESENT)

☐ With Parent/Guardian ☐ With Parent/Guardian Consent ☐ Relative Caregiver ☐ Children's Division
☐ Married ☐ Pregnant ☐ Minor Parent ☐ Homeless Youth

PLEASE PRINT NAME of signature below

SIGNATURE OF PATIENT	RELATIONSHIP TO CLIENT	TODAY'S DATE

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, acknowledge and agree that I have received or have been advised of the Missouri Department
PRINT NAME HERE
of Health and Senior Services' Notice of Privacy Practices and where I can obtain any revisions made to this Notice.

Do you consent to the disclosure of the health and personal information you provide in Vaccine Navigator to local public health agencies and/or health care providers for the purpose of scheduling vaccination? ☐ Yes ☐ No

CLIENT SIGNATURE/LEGAL REPRESENTATIVE	RELATIONSHIP TO CLIENT	TODAY'S DATE

FOR CLINIC USE ONLY

MANUFACTURER	BRAND	LOT NUMBER
DOSE NUMBER ☐ 1 ☐ 2	*EXP. DATE	*DATE ADMINISTERED
*EUA FACT SHEET DATE	*EUA FACT SHEET GIVEN DATE	INJECTION SITE (DELTOID) ☐ L ☐ R

DOCUMENTATION REQUIRED BY MINOR

☐ Yes ☐ No

☐ A minor under the care of a parent/guardian that physically appears and signs the requisite paperwork for the minor to receive the vaccination.

☐ Notarized written consent in cases where the Parent/Guardian is not present at the vaccination.

☐ Un-notarized written consent, if verbal confirmation can be obtained by telephone, in cases where the Parent/Guardian are not present at the vaccination.

☐ A minor under the care of a relative caregiver. The affidavit as explained in §431.058, RSMo, must be provided for the minor to receive the vaccination.

☐ A minor under the care of the Department of Social Services, written consent from Children's Division (or designee) or Division of Youth Services must be provided for the minor to receive the vaccination.

☐ A minor married, pregnant, or minor parent, under §431.061, RSMo (minor parent, married minor, etc.) Documentation shown at time of vaccine: _____

☐ "Homeless youth" (qualified youth) as provided in §431.056, RSMo, such documentation may be letters from persons/entities such as (but not limited to): a director or designee of a governmental or nonprofit agency that receives public or private funding to provide services to homeless persons; a location education agency liaison for homeless children and youth designated under 42 U.S.C. Section 11432(g)(1)(J)(ii); a school social worker/counselor; or a licensed attorney representing the minor in any legal matter.

Procedural note: Copies, duplications, or reproductions of certified copies of vital records are prohibited by state law. If a vital record is provded to fulfill the minor documentation requirement, review document to confirm eligibility, and then return to patient. Other minor documentation should be copied. Original versions of affidavits or written consent forms should be retained.

VACCINE DOSE

ADMINISTERED BY NAME & TITLE

AGENCY

AGENCY ADDRESS

CLINIC ADMINISTRATION ADDRESS

Information for Healthcare Professionals about the health history for COVID-19 Vaccines

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 or if receiving the J&J vaccine, any ingredient contained within the J&J 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.

Have you been diagnosed with an immune mediated syndrome characterized by thrombosis and thrombocytopenia or Heparin Induced Thrombocytopenia (HIT)? J&J vaccine has been shown to increase the risk of developing a venous thrombosis, cerbral venous sinus thrombosis in individuals with a history of or currently have this type of illness. If a patient has a history of this provider should defer vaccination for 90 to 180 days after resolution of their illness and offer another FDA authorized COVID-19 vaccine.

Do you have dermal fillers? Persons who have received dermal fillers may develop temporary swelling at or near the filler injection site, usually face or lips, after a dose of a COVID-19 vaccine. Administer vaccines to persons with injectable dermal fillers who have no contraindications to vaccination. These persons should be advised to contact their healthcare provider if swelling develops at or near the site of dermal filler following vaccination.

Evidence suggests that if individuals have or have a history of MIS-C or MIS-A providers should defer vaccination for 90 days after resolution of the illness.