Pueblo Department of Public Health & Environment

Colorado COVID-19 Vaccine Administration and Screening Form

CDPHE

Please print neatly in capital letters as shown in the example below

E X A M P L E 1 2 3

Please answer all questions as completely as possible

Personal Information. Provide information as completely as you can. All information will be kept confidential.

Last Name | **First Name** | **MI** | **Gender Identity** ☐ M ☐ F ☐ Non-Binary

Street No. or PO Box | **Street Name** | **Apt. Number** | ☐ Un-specified ☐ Decline to Provide

City | **County** | **State** | **Zip Code**

Phone ___-___-____ | **E-mail**

Date of Birth MM/DD/YYYY

Race/Ethnicity (Check all that apply)

☐ American Indian/Alaskan Native ☐ Asian ☐ Black, African American ☐ Native Hawaiian/Pacific Islander ☐ Hispanic/Latino ☐ White ☐ Other ☐ Decline to Provide

Health Screening Questions	**Yes***	**No**
1. Are you sick today?	☐	☐
2. Do you have a serious allergy to food, a vaccine component, or latex?	☐	☐
3. Have you ever had a serious reaction to a previous dose of vaccine or any medication?	☐	☐
4. Have you had severe allergic reaction to any component of either of the mRNA COVID-19 vaccines licensed in the US?	☐	☐
5. Are you pregnant, or is there a chance you may become pregnant in the next 14 days?	☐	☐
6. Have you received any vaccinations in the last 14 days?	☐	☐
7. Have you been ill with or recovered from a *confirmed* COVID infection within the past 3 months?	☐	☐
8. Have you had convalescent plasma or monoclonal antibodies as part of COVID-19 treatment in the past 3 months?	☐	☐
9. Do you have any of the following illnesses or conditions? Chronic lung disease (including asthma), heart disease, diabetes, brain, spinal cord or muscle illness that causes swallowing or lung problems, problems with the immune system caused by medications and/or HIV, kidney disease, liver disease, blood disorders	☐	☐

Please identify Phase Category you are in (please choose only one)

☐ **1A-Highest risk:** Direct contact w COVID patients, LTC staff/residents

☐ **2-Higher risk and other essential workers:** Age 60-69; Individuals age 16-59 with obesity, diabetes, chronic lung disease, significant heart disease, chronic kidney disease, cancer, or are immune compromised; 2) Other essential workers and continuity of local government; 3) Adults who received the placebo in Clinical Trials.

☐ **1B-Moderate Risk: Moderate risk HCW's; first responders, age 70 +; Frontline essential workers and continuity of state government: 1)** Health care workers with less direct contact (home health, hospice, pharmacy, dental, etc.), EMS; **2)** Firefighters, police, COVID-19 response personnel, corrections, funeral services; **3)** Frontline essential workers- Education (teachers, daycare); Food & Agriculture, Manufacturing; USPS; Public transit and specialized transportation services; Grocery; Public Health; frontline essential human services workers and direct care providers for Coloradans experiencing Homeless; **4)** Essential officials from Executive, Legislative and Judiciary Branches of state gov.; **5)** Essential frontline journalists

☐ **3-General Public:** Anyone ages 16-59

Authorization to Administer COVID-19 Vaccine

I have read or had explained to me, and I understand the risks and benefits of receiving the COVID-19 vaccine. I have had a chance to ask questions, which were answered to my satisfaction. I hereby release this provider, its employees and its volunteers from any liability for any results which may occur from the administration of this vaccine.

Patient, Parent/Guardian Signature: _____ Date: _____

STOP - DO NOT WRITE BELOW THIS LINE

COVID/VFC PIN | Clinic Name | Provider Type: ☐ Public ☐ Private | Prescribing Provider Name

Manufacturer: ☐ PFR (Pfizer) ☐ AstraZeneca/Oxford Biomedica ☐ Moderna ☐ SP/GSK ☐ J&J

Dosage: ☐ 0.3 ml ☐ 0.5 ml

Lot No.

Site: ☐ LD ☐ LT ☐ RD ☐ RT

Date Administered MM/DD/YYYY

☐ First Dose ☐ Second Dose

Administered by: Name _____ Title _____ Time _____

Rev. 02/08/2021