ICHS International Community HEALTH SERVICES

Registration and Consent

PATIENT INFORMATION		
LAST NAME/FAMILY NAME	FIRST NAME/GIVEN NAME	MIDDLE NAME
SSN (at least last 4 digits)	BIRTH DATE	BIRTH SEX □ Female □ Male □ Other
PATIENT PHONE NUMBER	PATIENT ADDRESS	

Does the patient identify as any of the following racial/ethnic identities? (Please check all that apply)
❒ American Indian/Alaska Native ❒ Asian ❒ Black or African American
❒ Native Hawaiian/Pacific Islander ❒ White ❒ Other ❒ Prefer not to answer

Is the patient…? ❒ Hispanic or Latino ❒ Not Hispanic or Latino ❒ Prefer not to answer	STATE ID NUMBER Issuing State:

INSURANCE INFORMATION	
NAME OF INSURANCE COMPANY	MEMBER ID NUMBER/RXGROUP
BIN and PCN:	Rx Group
❒ **I AM UNINSURED**	

For the COVID VACCINE: I know the Food and Drug Administration (FDA) has authorized the emergency use of this vaccine. I know it is not a fully licensed FDA vaccine. I was asked to join the V-SAFE program. The program does health checks on the people who get the COVID-19 vaccine. I know I should report vaccine side effects to the FDA/CDC Vaccine Adverse Event Reporting System (VAERS) at 1-800-822-7967 or https://vaers.hhs.gov/reportevent.html. I have been given a copy of and have read or had explained to me the information in the Fact Sheet for the appropriate COVID-19 vaccine. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the vaccine.**Patient or Parent/Legal Guardian Consent -** I have read or had explained to me the information on the benefits and risks of the immunization indicated below. The risks, contraindications and side effects have been explained to me. I have had a chance to ask questions about these immunizations, the diseases they are intended to prevent and the risks of not being immunized. I hereby consent to the administration of the vaccines for which I have initialed below: **I know that if my chosen vaccine requires multiple doses, it is recommended that I receive the same vaccine each time. I acknowledge that I am responsible for keeping track of how many doses I have received of each respective vaccine and the timing of each dose.**

I am consenting to the:
❒ **PFIZER/BIONTECH COVID-19 VACCINE** (minimum 5 years old primary, 16 years boosters)
❒ **MODERNA COVID-19 VACCINE** (minimum 18 years old)
❒ **JANSSEN COVID-19 VACCINE** (minimum 18 years old)

certify that the above information is correct to the best of my knowledge. Authorization is granted to release to any insurer such information as may be necessary for completion of ICHS claims. I understand that services shall not be denied based upon my inability to pay.

PATIENT/PARENT SIGNATURE:_____ **Date:**_____

Printed Name, relationship (if signed on behalf of patient):_____

Screening for Vaccines - AGE RESTRICTIONS APPLY

The following questions will help us determine if there is any reason you should not get vaccines today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated; it just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

COVID VACCINE Screening questions	Yes	No	Don't Know
1.Trong vòng 14 ngày qua, bạn có xét nghiệm dương tính với COVID-19 không? Have you tested positive for COVID-19 in the past 14 days?			
2. Trong vòng 14 ngày qua, bạn có tiếp xúc với người mắc bệnh COVID-19 không? Have you been in close contact with a confirmed COVID case in the last 14 days?			
3. Bạn có bất cứ triệu chứng nào liên quan tới COVID-19 như là sốt, ho, khó thở, mất khứu giác (ngửi), hay vị giác (nếm)? Do you have any of these COVID-related symptoms: fever, cough, shortness of breath, loss of taste and/or smell?			
4. Bạn có bị bệnh hôm nay không? Are you sick today (aside from COVID symptoms)?			
5.Bạn có bị dị ứng với bất kỳ thành phần nào trong các loại vắc xin này không? (Moderna, Pfizer: chất béo, muối Kali Clorua, muối Kali Phốt Phát; Janssen: đường sucrose, Citrix Axit, Trinatri citrate dihydrat, 2-hydroxypropyl-β-cyclodextrin(HBCD), Polysorbate-80, Natri clorua) Do you have an allergy to any of these vaccine components? Moderna and Pfizer: lipids, potassium chloride, monobasic potassium phosphate, sodium chloride, dibasic sodium phosphate dihydrate; Janssen: sucrose, citric acid monohydrate, trisodium citrate dihydrate, 2-hydroxypropyl-β-cyclodextrin (HBCD), polysorbate-80, sodium chloride			
6. Trước đây bạn có từng bị phản ứng nghiêm trọng với vắc xin không (nổi mề đay, ngứa ngáy, khó thở) Have you ever had a serious reaction (hives, itching, difficulty breathing) to a vaccine in the past?			
7. Bạn đã từng bị sốc thuốc (rất nặng, nguy hiểm đến tính mạng), không liên quan đến vắc xin? Have you EVER had anaphylaxis (severe, potentially life-threatening allergic reaction) NOT related to a vaccine?			
8. Trong vòng 90 ngày qua, bạn có được điều trị bằng kháng thể đặc biệt cho COVID-19 không? Are you immunocompromised or are on a medicine that affects your immune system?			
9. Bạn có bị rối loạn chảy máu hoặc đang dùng thuốc làm loãng máu không? Do you have a bleeding disorder or are on a blood thinner? *(only if receiving Janssen vaccine)*			
10. Bạn có được điều trị bằng liệu pháp kháng thể đặc biệt cho COVID-19 (kháng thể đơn dòng hoặc huyết tương dưỡng bệnh) trong vòng 90 ngày qua không? Have you been treated with an antibody therapy specifically for COVID-19 (monoclonal antibodies or convalescent plasma) within the past 90 days?			
11. Bạn có chích ngừa COVID-19 hay chưa? Nếu có, loại nào? Have you received a COVID vaccine in the past? ❒ **PFIZER** **Doses Received: ❒1 ❒2 ❒3** ❒ **MODERNA** **Doses Received: ❒1 ❒2 ❒3** ❒ **JANSSEN** **Doses Received: ❒1 ❒2**			
HRSA QUESTIONS			
bạn có cần thông dịch viên không Do you need an interpreter?			
Tại thời điểm nào trong 2 năm qua, bạn là công nhân nông trại theo mùa hay nhập cư? At any point in the past 2 years have you been a seasonal or migrant farm worker?			
Tình hình Nhà ở của bạn là gì? What is your Housing Situation? ❒**Tôi có nhà ở** I have housing ❒**Tôi không có nhà ở** I do not have housing ❒Tôi không muốn trả lời I prefer not to answer			

FOR CLINIC STAFF ONLY: WAIIS reviewed - first dose date: second dose date: third dose date:

Date Vaccine Given	Vaccine Name	SEQ	Product Code			Site/ Route	Administered by Sign/Title	Edition of Current EUA/VIS Offered	Pharm D Initials
			Lot#	Manuf	Dose				
	COVID-19	❒ 1 ❒ 2 ❒ 3		❒ PFIZER ❒ MODERNA ❒ JANSSEN	❒ 0.2 mL ❒ 0.25 mL ❒ 0.3 mL ❒ 0.5 mL	**IM** ❒ L ❒ R			