Pre-vaccination Assessment and Consent: COVID-19 Vaccine

Individuals should be given the Emergency Use Authorization (EUA) Fact Sheet for Recipients and Caregivers before vaccination.

Last Name, First Name (PRINT)	**Today's Date:**	**FOR CLINIC USE ONLY** **Medicat Number:**
Date of Birth: _____/_____/_____	**Age:**	**Race/Ethnicity:**

Date of 1st dose_____ Brand: Pfizer Moderna J&J Novavax

Date of 2nd dose_____ Brand: Pfizer Moderna J&J Novavax

Date of 3rd dose_____ Brand: Pfizer Moderna

Date of last BOOSTER dose_____ Brand: _____

Which Vaccine Brand do you want today?
Pfizer Moderna Novavax

Which dose will you be receiving today?
1st 2nd 3rd BOOSTER

1. Have you had anaphylaxis or an immediate reaction to a previous dose of any COVID-19 vaccine?	**Yes**	**No**
2. Do you have a history of anaphylaxis or immediate allergy to **polyethylene glycol (PEG) polysorbate, or tromethamine**? **	**Yes**	**No**
3. Do you have a history of **anaphylaxis** or immediate allergy to a vaccine, any component of a vaccine, any medications, any food, any stings or do you carry an Epi-Pen for any reason?	**Yes**	**No**
4. Do you have a fever (≥100.4°F) or are you currently experiencing a COVID-19 infection?	**Yes**	**No**
5. Do you have a history of any of the following cancers: breast, head/neck, melanoma of upper body?	**Yes**	**No**
6. Do you have any screening tests for **cancer** scheduled in the next 6 weeks such as a mammogram or chest CT?	**Yes**	**No**
7. Did you have myocarditis (heart muscle inflammation) or pericarditis (inflammation of tissue surrounding the heart) after receiving any dose of COVID-19 Vaccine?	**Yes**	**No**
8. Are you moderately to severely immunocompromised?	**Yes**	**No**

Please review additional information on page 2

If you have any additional questions, please talk with your physician or healthcare provider before receiving the COVID-19 vaccine.

I consent to health evaluations, administration and monitoring necessary for immunization for COVID-19 as ordered or provided by doctors, nurses, assistants, or other staff employed or contracted by Riverside Community College District, Moreno Valley College campus. I also consent to any necessary treatment, whether diagnostic or therapeutic, should I have an adverse reaction to the vaccine. I acknowledge receipt of the Emergency Use Authorization Fact Sheet and my questions, if any, have been answered.

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❑ **Cleared: assessment done and no valid contraindications** ❑ **Not cleared: patient referred to provider**

X _____ Date: _____ / _____ / _____

Staff Name: ❑ RN ❑ Practitioner MM DD YY

Vaccine Administration Documentation

Name/Title (PRINT): _____ **Time**: _____ AM/PM | **Deltoid Site: Right or Left**
Vastus Lateralis Site: Right or Left

Vaccine administered today (circle dose based on vaccine given):

❑ **Pfizer Primary: [0.2 mL/3 mcg] [0.2 mL/10 mcg] [0.3 mL/30 mcg] BIVALENT: [0.3 mL/30 mcg]**
❑ **Moderna Primary: [0.25 mL/25 mcg] [0.5 mL/50 mcg] [0.5 mL/100 mcg] BIVALENT: [0.5 mL/50 mcg]**
❑ **Novavax Primary: [0.5 mL/5 mcg]**
❑ **J&J Primary: [0.5 mL]**

Patient instructed to wait for:
❑ **15 min** ❑ **30 min** ❑ **Pt declined, education provided**

** “PEG Polyethylene glycol (PEG) is a common, water-soluble ingredient in a wide variety of commercial products including some vaccines and medications. It is the primary ingredient in many colonoscopy preparations (Golytely) and constipation treatment (Miralax) along with IV medications such as PEGylated medications. It is also in ultrasound gel and injectable steroid injections such as methylprednisolone acetate. Reactions to polyethylene glycol are rare but anaphylaxis has been reported.”

Definition of Anaphylaxis:

Anaphylaxis (say "ann-uh-fuh-LAK-suss") is a severe allergic reaction that affects the entire body (systemic). It can occur within a few seconds or minutes after a person is exposed to a substance (allergen or antigen).

Symptoms and signs of a severe allergic reaction may include:

- Itching
- Raised, red bumps on the skin (hives or wheals)
- Wheezing or difficulty breathing
- Rapid swelling, either in one area or over the entire body. Swelling is most serious when it involves the lips, tongue, mouth, or throat and interferes with breathing
- Belly pain or cramps
- Nausea or vomiting
- Low blood pressure, shock, and unconsciousness

The sooner symptoms occur after exposure to the substance, the more severe the anaphylactic reaction is likely to be. An anaphylactic reaction may occur with the first exposure to an allergen, with every exposure, or after several exposures. An anaphylactic reaction can be life-threatening and is a medical emergency. Emergency care is always needed for an anaphylactic reaction.

Additional Considerations from the Food and Drug Administration (FDA) and Centers for Disease Control & Prevention (CDC)

Myocarditis/Pericarditis risk and considerations regarding intervals for COVID-19 vaccine primary series.

Myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the lining outside the heart) have occurred in some people who have received the vaccine, more commonly in males under 40 years of age than among females and older males. In most of these people, symptoms began within a few days following receipt of the second dose of vaccine. The chance of having this occur is very low. You should seek medical attention right away if you have any of the following symptoms after receiving the vaccine:

- Chest pain
- Shortness of breath
- Feelings of having a fast-beating, fluttering, or pounding heart

Moderna, Novavax and Pfizer-BioNTech COVID-19 vaccines are safe and effective at the FDA-approved or FDA-authorized intervals. **However, a longer interval of up to 8 weeks between doses 1 and 2 may be considered for those 12-65 years old who are not immunocompromised, especially males ages 12–39 years where myocarditis risk from mRNA vaccination is highest. Cases of myocarditis and pericarditis were identified in clinical trials of Novavax COVID-19 Vaccine and through passive surveillance during post-authorization use outside the United States. In summary, an 8-week interval between the first and second primary series doses may be optimal for some people as it may reduce the small risk of myocarditis and/or pericarditis associated with Moderna, Novavax, and Pfizer-BioNTech COVID-19 vaccines.**

A shorter interval (3 weeks for Novavax and Pfizer-BioNTech; 4 weeks for Moderna) between the first and second doses remains the recommended interval for people who are moderately or severely immunocompromised; adults ages 65 years and older; and in situations in which there is increased concern about COVID-19 community levels or an individual’s higher risk for severe disease.

Recent FDA consideration for Johnson & Johnson (Janssen) vaccine administration.

Per the FDA, Johnson & Johnson (Janssen) vaccine is no longer recommended for routine use in the U.S due to the risk of blood clots.