

South Heartland District Health Department - COVID-19 VACCINE REGISTRATION FORM

Last Name	First Name	Middle Initial	Maiden Name	Date of Birth _/_/___	Age
Address		City	State	Zip	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone (___) ___-____	E-Mail address		Name of Physician	

Ethnicity: Not Hispanic or Latino
 Hispanic or Latino

Race:

American Indian or AL Native

Asian

Native Hawaiian or Other Pacific Islander

Black or African-American

White

Other Race

Insurance Status:

Private Insurance covers immunizations

Private Insurance does NOT cover immunizations

Heritage Health / Medicaid

American Indian / Alaska Native

No Insurance

**For private insurance
(policy holder information):**

Name: _____

DOB: ___/___/___

Client Relationship to Policy Holder:
 Self Spouse Child Other

Answer the following CDC Pre-Vaccination Checklist for COVID-19 Vaccines:	Yes	No	Don't Know
1 Are you feeling sick today?			
2 Have you ever received a dose of COVID-19 vaccine? If yes, which vaccine product? (Please check)			
<input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Another product? _____			
3 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?			
Was the severe allergic reaction after receiving a COVID-19 vaccine?			
Was the severe allergic reaction after receiving another vaccine or another injectable medication?			
4 Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19?			
5 Have you received another vaccine in the last 14 days?			
6 Have you had a positive test for COVID-19 or has a doctor ever told you that you had COVID-19?			
7 Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies?			
8 Do you have a bleeding disorder or are you taking a blood thinner?			
9 Are you pregnant or breastfeeding?			

I have read and/or received a copy of the Emergency Use Authorization Fact Sheet (dated 12/2020) for the COVID-19 Vaccine administered today,

SIGNATURE

DATE