

Virginia Pediatric Group
COVID 19 Vaccine Patient Registration
Please print clearly and complete all blanks

Date: _____

Patient

Last Name _____ First Name: _____ Middle Name _____

Date of Birth: _____ Sex: _____ Language spoken: _____

Email: _____

Residential Address: _____

Primary Phone: _____ Secondary Phone: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Primary Insurance Information: **Check if uninsured** **If uninsured, provide SSN:** _____
If SSN not available, please provide state driver's license
Number or State ID : _____

Policyholders Name: _____ Sex: _____ Date of birth: _____

Insurance Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Policy or ID # _____ Group # _____ Phone # _____

There is no charge for the COVID 19 Vaccine, but there is a charge for the shot administration that will be billed to your primary insurance company. If you are un-insured, you will not be billed for the shot administration, there is a government program available to pay for it for you.

Please sign below signifying that you have read and understand the above statement and that this office has permission to submit insurance claims on your behalf and has permission to release any information, including medical, to the above carrier when a written request has been received by VPG. This office is not responsible for any dissemination or disclosure of your confidential medical information once we provide such information, at your request, to your health insurer or employer.

Injection(s) Given: Pfizer Covid 19 Lot #: _____ Exp: _____

Site: _____ Administered by: _____

Informed Consent for Administration of Injection

I have been informed of the possible side effects resulting from this injection.
My signature below constitutes my agreement that I have read and understand this consent and that I received all information I desire concerning the administration

SIGNATURE: _____ DATE: _____

Prevaccination Checklist for COVID-19 Vaccines



For vaccine recipients:

The following questions will help us determine if there is any reason you should not get the COVID-19 vaccine today.

If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions may be asked.

If a question is not clear, please ask your healthcare provider to explain it.

Patient Name _____

Age _____

| | Yes | No | Don't know |
|---|-----|----|------------|
| 1. Are you feeling sick today? | | | |
| 2. Have you ever received a dose of COVID-19 vaccine? | | | |
| <ul style="list-style-type: none"> If yes, which vaccine product did you receive? <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Janssen (Johnson & Johnson) <input type="checkbox"/> Another product _____ | | | |
| 3. 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.) | | | |
| <ul style="list-style-type: none"> A component of a COVID-19 vaccine including either of the following: <ul style="list-style-type: none"> <input type="radio"/> Polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures <input type="radio"/> 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. | | | |
| 4. 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.) | | | |
| 5. 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. | | | |
| 6. Have you received any vaccine in the last 14 days? | | | |
| 7. Have you ever had a positive test for COVID-19 or has a doctor ever told you that you had COVID-19? | | | |
| 8. Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19? | | | |
| 9. Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies? | | | |
| 10. Do you have a bleeding disorder or are you taking a blood thinner? | | | |
| 11. Are you pregnant or breastfeeding? | | | |
| 12. Do you have dermal fillers? | | | |

Form reviewed by _____

Date _____



**Get vaccinated.
Get your smartphone.
Get started with v-safe.**

What is v-safe?

V-safe is a smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins after you receive a COVID-19 vaccination. Through **v-safe**, you can quickly tell CDC if you have any side effects after getting the COVID-19 vaccine. Depending on your answers, someone from CDC may call to check on you. And **v-safe** will remind you to get your second COVID-19 vaccine dose if you need one.

Your participation in CDC's **v-safe** makes a difference—it helps keep COVID-19 vaccines safe.

How can I participate?

Once you get a COVID-19 vaccine, you can enroll in **v-safe** using your smartphone. Participation is voluntary and you can opt out at any time. You will receive text messages from **v-safe** around 2 p.m. local time. To opt out, simply text "STOP" when **v-safe** sends you a text message. You can also start **v-safe** again by texting "START."

How long do v-safe check-ins last?

During the first week after you get your vaccine, **v-safe** will send you a text message each day to ask how you are doing. Then you will get check-in messages once a week for up to 5 weeks. The questions **v-safe** asks should take less than 5 minutes to answer. If you need a second dose of vaccine, **v-safe** will provide a new 6-week check-in process so you can share your second-dose vaccine experience as well. You'll also receive check-ins 3, 6, and 12 months after your final dose of vaccine.

Is my health information safe?

Yes. Your personal information in **v-safe** is protected so that it stays confidential and private.*



Use your smartphone to tell CDC about any side effects after getting the COVID-19 vaccine. You'll also get reminders if you need a second vaccine dose.



Sign up with your smartphone's browser at vsafe.cdc.gov

OR

Aim your smartphone's camera at this code



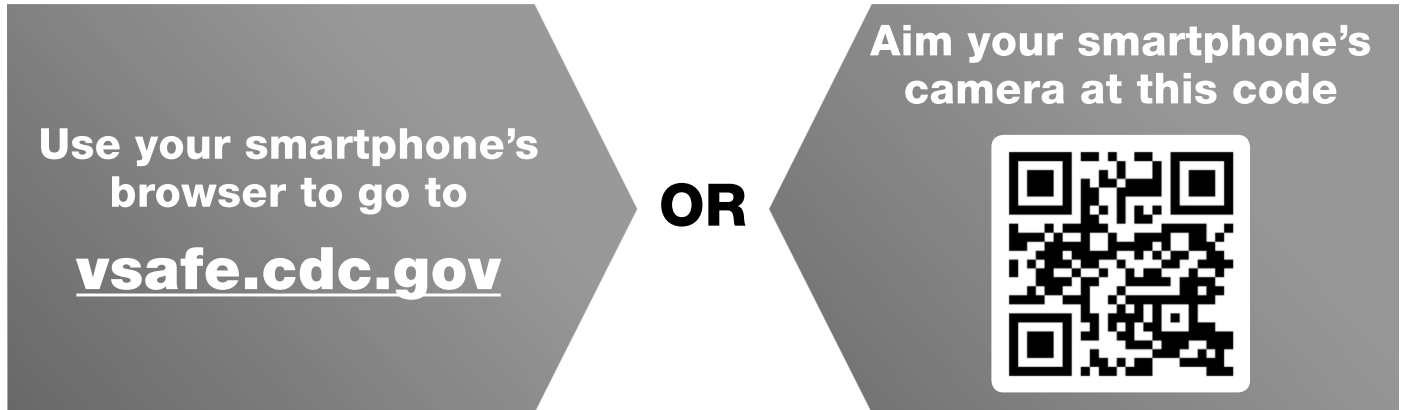
*To the extent **v-safe** uses existing information systems managed by CDC, FDA, and other federal agencies, the systems employ strict security measures appropriate for the data's level of sensitivity.

How to register and use v-safe

You will need your smartphone and information about the COVID-19 vaccine you received. This information can be found on your vaccination record card; if you cannot find your card, please contact your healthcare provider.

Register

1. Go to the **v-safe** website using one of the two options below:



2. Read the instructions. Click **Get Started**.
3. Enter your name, mobile number, and other requested information. Click **Register**.
4. You will receive a text message with a verification code on your smartphone. Enter the code in **v-safe** and click **Verify**.
5. At the top of the screen, click **Enter vaccine information**.
6. Select which COVID-19 vaccine you received (found on your vaccination record card; if you cannot find your card, please contact your healthcare provider). Then enter the date you were vaccinated. Click **Next**.
7. Review your vaccine information. If correct, click **Submit**. If not, click **Go Back**.
8. **Congrats! You're all set!** If you complete your registration before 2 p.m. local time, **v-safe** will start your initial health check-in around 2 p.m. that day. If you register after 2 p.m., **v-safe** will start your initial health check-in immediately after you register — just follow the instructions. You will receive a reminder text message from v-safe when it's time for the next check-in — around 2 p.m. local time. Just click the link in the text message to start the check-in.

Complete a v-safe health check-in

1. When you receive a **v-safe** check-in text message on your smartphone, click the link when ready.
2. Follow the instructions to complete the check-in.

Troubleshooting

How can I come back and finish a check-in later if I'm interrupted?

- Click the link in the text message reminder to restart and complete your check-in.

How do I update my vaccine information after my second COVID-19 vaccine dose?

- **V-safe** will automatically ask you to update your second dose information. Just follow the instructions.

Need help with v-safe?

Call 800-CDC-INFO (800-232-4636)

TTY 888-232-6348

Open 24 hours, 7 days a week

Visit www.cdc.gov/vsafe



What to Expect after Getting a COVID-19 Vaccine

Accessible version: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/expect/after.html>

COVID-19 vaccination will help protect you from getting COVID-19. You may have some side effects, which are normal signs that your body is building protection. These side effects may affect your ability to do daily activities, but they should go away in a few days. Some people have no side effects.

Common side effects

On the arm where you got the shot:

- Pain
- Redness
- Swelling

Throughout the rest of your body:

- Tiredness
- Headache
- Muscle pain
- Chills
- Fever
- Nausea

Helpful tips

If you have pain or discomfort after getting your vaccine, talk to your doctor about taking an over-the-counter medicine, such as ibuprofen or acetaminophen.

To reduce pain and discomfort where you got the shot:

- Apply a clean, cool, wet washcloth over the area.
- Use or exercise your arm.

To reduce discomfort from fever:

- Drink plenty of fluids.
- Dress lightly.

When to call the doctor

In most cases, discomfort from fever or pain is normal. Contact your doctor or healthcare provider:

- If the redness or tenderness where you got the shot increases after 24 hours
- If your side effects are worrying you or do not seem to be going away after a few days

Remember

- Side effects may affect your ability to do daily activities, but they should go away in a few days.
- With some COVID-19 vaccines, you will need 2 shots in order to get the most protection. You should get the second shot even if you have side effects after the first shot, unless a vaccination provider or your doctor tells you not to get it.
- You will only need 1 shot of the viral vector COVID-19 vaccine, Johnson & Johnson's Janssen COVID-19 Vaccine.
- It takes time for your body to build protection after any vaccination. COVID-19 vaccines that require 2 shots may not protect you until about two weeks after your second shot. For COVID-19 vaccines that require 1 shot, it takes about two weeks after vaccination for your body to build protection.
- After you are fully vaccinated, you may be able to start doing some things you had stopped doing because of the pandemic. Visit CDC's website for the latest recommendations. www.cdc.gov/coronavirus/vaccines.



Ask your vaccination provider about getting started with v-safe

Use your smartphone to tell CDC about any side effects after getting the COVID-19 vaccine. You'll also get reminders if you need a second dose

Learn more about v-safe.

www.cdc.gov/vsafe

HEALTHCARE PROVIDER, PLEASE FILL IN THE INFORMATION BELOW:

If your temperature is ____°F or ____°C or higher or if you have questions, call your healthcare provider.

Tell your healthcare provider about: _____

Healthcare provider phone number: _____

Medication (if needed):

Take _____ every ____ hours as needed.

(type and dose or amount)



cdc.gov/coronavirus