2020-2021 COVID-19 Vaccine
Confederated Tribes of Coos Lower Umpqua & Siuslaw Indians

Phone #: 541-888-9577

Legal Name:	**Other names used:**
D.O.B:	**Phone Number:**
Current Address:	
Race/Ethnicity: ☐ African American/African/Black/Caribbean ☐ Asian/Pacific Islander ☐ Native American/Alaskan Native ☐ CTCLUSI enrolled member ☐ Caucasian ☐ Hispanic/Latino ☐ Prefer not to answer	

Pre-Vaccination Screening Questionnaire: 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.

Please answer the following questions:	**Yes**	**No**
1. Are you feeling sick today; do you have a fever (100.4ºF) or are having chills		
2. Do you have an active respiratory infection or other moderate/severe illness?		
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. Do you have a bleeding disorder or are on a blood thinner?		
5. Are you pregnant or breastfeeding?		
6. Have you ever received a dose of COVID-19 Vaccine? If yes, which vaccine product and when? _____		
7. Have you had any other vaccination in the previous 14 days (e.g. MMR, Shingrix, Varicella, or a TB skin test)?		
8. Are you 18 or older?		
9. Have you tested positive for COVID-19 in the past 90 days?		
• If yes: were you treated with monoclonal antibodies or convalescent plasma as part of a COVID-19 treatment?		

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Acknowledgment: I have received and read the "Fact Sheet for Recipients and caregivers, Emergency Use Authorization (EUA) of the Moderna COVID-19 Vaccine" (12/20). I was informed about the V-Safe smartphone-based tool from the CDC for voluntary active safety monitoring. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks and request that the vaccine be given to me. I understand a record of this vaccination will be entered into the state immunization registering. By signing below, I consent to receiving the SARS-CoV-2 (COVID-19) Vaccine.

Signature of the person receiving the vaccine: _____

Today's date: _____

<table>
<tr><th colspan="5">Administrator Use Only</th></tr>
<tr><td colspan="2">Date Administered:</td><td>☐ Dose 1
☐ Dose 2</td><td colspan="2">Site of IM injection
☐ Right deltoid ☐ Left deltoid</td></tr>
<tr><td colspan="2">Vaccine Manufature:</td><td colspan="2">☒ Moderna US, Inc</td><td>Other:</td></tr>
<tr><td colspan="2">Lot #:</td><td colspan="2"></td><td></td></tr>
<tr><td colspan="3">Manufacture vaccine expiration date:</td><td colspan="2">Vial expiration date and time:</td></tr>
<tr><td>Date:</td><td>Time:</td><td colspan="3">Signature:

Printed Name:</td></tr>
</table>