

Davy Crockett Drug

COVID Vaccine Intake Form

*****IMPORTANT NOTICE: Please wear a short sleeve shirt and bring your Medicare card to Pharmacy on day of Vaccination**

Patient Name: _____ Date of Birth: _____ Phone: _____
Address: _____ City: _____ Zip: _____ Primary Physician: _____

	YES	NO
Are you younger than 18 years of age?		
In the past 2-14 days, have you experienced fever or chills, cough, shortness of breath, fatigue, muscle/body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea?		
In the past 2-14 days, are you aware of being exposed to someone who tested positive for COVID-19 while not wearing a mask, proper PPE, or socially distanced?		
Have you received any other injections in the last 14 days?		
Have you had immunoglobulin or a blood transfusion in the past 90 days?		
Have you previously tested positive for COVID-19? If so, when? _____		
Have you already had a first dose of COVID-19 vaccine?		
Have you ever had a severe reaction to any vaccine, medication, medical test, or food that required medical care?		
Are you pregnant or planning to get pregnant in the next three (3) months?		
Are you currently breastfeeding?		
Are you immunocompromised or receiving immunosuppressant therapy?		
Are you 65 years of age or older?		

List any diseases you have been diagnosed with:

List any allergies:

I HAVE READ THE INFORMATION ABOUT COVID-19 AND THE COVID 19 VACCINE. I HAVE HAD A CHANCE TO ASK QUESTIONS THAT WERE ANSWERED TO MY SATISFACTION. I BELIEVE I UNDERSTAND THE BENEFITS AND RISKS OF THE VACCINE CITED AND ASK THAT THE VACCINE BE GIVEN TO ME. I UNDERSTAND THAT IT IS RECOMMENDED THAT I STAY ON LOCATION 15 MINUTES FOLLOWING THE INJECTION. I UNDERSTAND A DRUG FACT SHEET FOR THE COVID-19 VACCINE IS AVAILABLE AT
<http://www.modernatx.com/covid19vaccine-eua/eua-fact-sheet-recipients.pdf>
<https://www.fda.gov/media/144414/download>

Vaccine Dose # 1

Vaccine Dose # 2

Signature: _____ Date: _____ Signature: _____ Date: _____

Vaccine Dose #1 label	Vaccine Dose #2 label
Administered by: _____ RPh	Administered by: _____ RPh
Office Use: Dose #1 <input type="radio"/> IMMTRAC <input type="radio"/> Billed Ins	Office Use: Dose #2 <input type="radio"/> IMMTRAC <input type="radio"/> Billed Ins