

**Nevada Division of Public and Behavioral Health
Rural and Community Health Services
COVID-19 Vaccine**

Patient Temperature

Please **PRINT** the following information:

Last Name _____ **First Name** _____ **Birth Date** _____

Address _____ **City state and ZIP** _____

Telephone Number (cell phone number preferred) _____ **Texting capability?** Yes / No

Email Address _____

Sex Male Female **Marital Status** _____ **How old are you today** _____

Race (circle one) White / Black-African American / American Indian-Alaskan Native / Asian / Native Hawaiian-Pacific Islander / Other Race

Ethnicity (circle one) Hispanic / Non-Hispanic

Please answer the following questions. Check one box per question.

	Yes	No
1. Are you sick today OR have you had any symptoms of COVID-19, been in contact with someone with COVID-19 or tested positive for COVID-19 in the past 2 weeks?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have allergies or restrictions to foods, medications, vaccines, or latex?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had a serious reaction after receiving a vaccination?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had a seizure or a brain/other nervous system problem or Guillain-Barre?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you take blood thinning medications?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have a long-term health problem such as heart disease, lung, liver or kidney disease, metabolic disease (i.e. Diabetes), Anemia or other blood disorders?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have cancer, leukemia, HIV/AIDS, rheumatoid arthritis, Crohn's Disease or any other immune system problem?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have a weakened immune system or in the past 3 months taken any medications that weaken it such as cortisone, prednisone, or other steroids, anticancer drugs or radiation?	<input type="checkbox"/>	<input type="checkbox"/>
9. During the past year, have you received a transfusion of blood or blood products or been given immune (gamma) globulin or an antiviral drug?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you received any vaccination or a TB skin test in the past 2 weeks?	<input type="checkbox"/>	<input type="checkbox"/>
11. FOR WOMEN: Are you pregnant or breastfeeding?	<input type="checkbox"/>	<input type="checkbox"/>

First Dose: Consent and Release Statement

I have received and understand the Vaccine Information Statement for COVID-19 Vaccine to be administered to me or to the person named above, for whom I am authorized to make this request. I also agree to allow my immunization information, or the person named above, for whom I am authorized to make this request to be stored and accessed by users in Nevada's "WebIZ" computer system unless I indicate otherwise.

Signature

Date

Second Dose: Consent and Release Statement

I have received and understand the Vaccine Information Statement for COVID-19 Vaccine to be administered to me or to the person named above, for whom I am authorized to make this request. I also agree to allow my immunization information, or the person named above, for whom I am authorized to make this request to be stored and accessed by users in Nevada's "WebIZ" computer system unless I indicate otherwise.

Signature

Date

For Office Use Only

FIRST DOSE:

COVID-19 (Moderna) MDV10- 0.5ml dose:

LOT# 026B21A **Exp Date. 09/17/2021**

SITE: IM Deltoid: Left Right

Nurse/EMS/Pharmacist Signature _____

- Homebound
- Clinic _____
- POD** _____
- Other _____

Entered into WebIZ

For Office Use Only

SECOND DOSE:

COVID-19 (Moderna) MDV10- 0.5ml dose:

LOT# _____ **Exp Date. _____**

SITE: IM Deltoid: Left Right

Nurse/EMS/Pharmacist Signature _____

- Homebound
- Clinic _____
- POD** _____
- Other _____

Entered into WebIZ

COVID-19 Vaccine Recipient Questionnaire

Which dose are you receiving today?

- 1st Dose
- 2nd Dose

Which of the following best describes your ethnic group?

- Hispanic or Latino
- Non-Hispanic or Non-Latino
- Unknown or Prefer Not to Answer

Which of the following best describes your race? Check all that apply.

- Asian
- Black
- Native Hawaiian or Pacific Islander
- White
- American Indian or Alaska Native
- Other or Multiple Races
- Unknown or Prefer Not to Answer

Which vaccine eligibility group best describes you? **PLEASE SELECT ONLY ONE FROM BELOW.**

Frontline Healthcare Workforce

- Frontline Health Care Personnel in an Acute Care Hospital Setting
- Healthcare Personnel in a Long-Term Care Facility
- Frontline Healthcare Personnel in a Psychiatric or Substance Abuse Hospital Setting
- Emergency Medical Service Personnel
- Frontline Public Health Personnel
- Laboratory Workers
- Pharmacists/Pharmacy Technicians
- Outpatient Healthcare Personnel (Includes all physical health, mental health, occupational, speech therapy, audiology, family planning, substance abuse treatment, dialysis, blood and organ bank, dental, optometry, podiatry, freestanding ambulatory surgical or emergency care, diagnostic imaging, and chiropractic facilities or offices)
- Home Healthcare Personnel
- Frontline Healthcare Volunteers (ex. POD/SERV NV)

Non-Occupational General Population – Vaccinated Concurrently with Occupational Groups

- Resident of a Long-Term Care Facility
- Individuals Aged 70 Years and Older
- Individuals Aged 65-69 Years
- Individuals Aged 19-64 with the Following Underlying Health Condition:
 - Individuals with Cancer
 - Individuals with Chronic Kidney Disease
 - Individuals with Chronic Obstructive Pulmonary Disease (COPD), Pulmonary Fibrosis, and Other Chronic Lung Diseases
 - Individuals with Down Syndrome
 - Individuals with Serious Heart Conditions (Such as heart failure, coronary artery disease or cardiomyopathies)
 - Individuals with Immunocompromised State from Solid Organ Transplant
 - Individuals with Obesity (BMI 30 or higher)
 - Individuals who are Pregnant
 - Individuals with Sickle Cell Disease
 - Individual with Type 2 Diabetes Mellitus:
 - Individuals with Other Pre-Existing Conditions
- Individuals with Disabilities
- Individuals Experiencing Homelessness

Public Safety and Security

- Nevada Department of Corrections/Juvenile Detention Personnel
- Frontline Law Enforcement Personnel/Public Safety Personnel (Includes police departments, sheriff's offices and NV Highway Patrol)
- Deployed and Mission Critical Personnel
- State Emergency Operations Center Personnel
- Other Frontline Public Safety Personnel

Frontline Community Support

- Frontline Elementary or Secondary Education Personnel
- Childcare Personnel
- Frontline Higher Education Personnel/Postsecondary Education Personnel
- Frontline Community Support Personnel (Includes frontline workers who support food, shelter, court/legal and front-facing social services or other necessities of life for needy individuals/groups, COVID19 responders, and veterinarians and their staff)
- State and Local Frontline Government Personnel
- Essential Public Transportation Personnel (Includes local and state public transportation system, taxi and ride share services and other ground transport service workers)
- Remaining Essential Public Health Workforce
- Mortuary Services

Frontline Supply Chain and Logistics

- Agriculture and Food Processing Personnel
- End to End Essential Goods Supply Chain Personnel (Includes manufacturing, warehouse, processing, packaging, storage, distribution, and shipping workers and human or pet food and beverage workers at pet stores, grocery stores, pharmacies, convenience stores, and retail customer or IT support necessary for online orders, pickup, and/or delivery)
- Utilities and Communication Workforce
- Nevada Department of Transportation Personnel/ Local Road Work Personnel (Includes CDL, street cleaning, snowplowing, district training, safety/loss control, and traffic incident or emergency road workers)
- Airport Operation Personnel (Includes workers who support air transportation for cargo and passengers, including operation, distribution, maintenance, and sanitation)
- Other Essential Transportation Personnel

Frontline Commerce and Service Industry

- Food Service and Hospitality Workers (Includes restaurant, quick serve, carry-out, food delivery, and cafeteria workers and frontline casino and resort employees not in food service who have prolonged/sustained customer interaction)
- Hygiene Products and Services Workers (Includes workers who produce hygiene products or provide personal and household goods, repair, or maintenance or laundry, janitorial, pest control or other essential services required in home sanitization)
- Depository Credit Institution Workforce (Includes workers needed to provide, process, and maintain financial, insurance or lending systems, transactions and services)

Frontline Infrastructure

- Shelter and Housing Construction Workers (Includes workers performing residential and commercial construction, inspection, permitting, plan review, HVAC, landscaping, electrical, plumbing, elevator/escalator service, contracting, and other service providers)
- Essential Mining Operation Workers

Other Essential Workforce

- Community Support Administrative Staff (Includes state service office, administrative and other support staff who can and have been working from home)
- College/University Students Living in Campus-Sponsored Residential Settings
- Remaining NSHE Workforce