

# Ernie's Pharmacy COVID Vaccine Intake Form

Patient Name (PRINT CLEARLY)		Gender: M or F (CIRCLE)	DOB
Address		City, State, Zip	
Hispanic Yes or No	<input type="radio"/> Asian <input type="radio"/> White <input type="radio"/> Native American <input type="radio"/> Black/African American <input type="radio"/> Native Hawaiian		
EMAIL:		CELL PHONE:	
MEDICARE (RED, WHITE, AND BLUE CARD)	ID NUMBER:		
Soonercare (DHS)	ID NUMBER:		
PRIVATE INSURANCE <u>RX CARD</u>	INSURANCE COMPANY:		GROUP:
	ID NUMBER:		
	BIN:	PCN:	
SOCIAL SECURITY #	DOSE      1 <sup>ST</sup> OR 2 <sup>ND</sup> (PLEASE CIRCLE)		

Screening Questions	Yes	No	Don't know
1. Are you sick today with fever?			
2. Do you have allergies to a vaccine component? <b>The Pfizer-BioNTech COVID-19 Vaccine:</b> mRNA, lipids ((4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate), 2 [(polyethylene glycol)-2000]-N,N-ditetradecylacetamide, 1,2-Distearoyl-sn-glycero-3- phosphocholine, and cholesterol), potassium chloride, monobasic potassium phosphate, sodium chloride, dibasic sodium phosphate dihydrate, and sucrose. <b>Moderna:</b> messenger ribonucleic acid (mRNA), lipids (SM-102, polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG], cholesterol, and 1,2-distearoyl-sn-glycero-3-phosphocholine [DSPC]), tromethamine, tromethamine hydrochloride, acetic acid, sodium acetate, and sucrose.			
3. Have you ever had a serious reaction after receiving a vaccination?			
4. Are you on long-term aspirin therapy or blood thinners (XARELTO, COUMADIN, PRADAXA)?			
6. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem? <u>(STILL TAKE MASK PRECAUTIONS AFTER VACCINE)</u>			
7. Do you have a severe immunocompromising condition? Chemo, high dose steroids? <u>(STILL TAKE MASK PRECAUTIONS AFTER VACCINE)</u>			
10. For women: Are you pregnant or is there a chance you could become pregnant during the next month?			
11. <u>Have you received any vaccinations in the past 2 weeks? (MUST BE &gt;2WEEKS TO RECEIVE COVID VACCINE)</u>			
12. Have receive plasma or antibody therapy (Regeneron) for COVID-19 treatment?			

Consent: I, the undersigned, give my consent for the services that I am requesting from Ernie's Pharmacy and its contractors. I acknowledge that I have received the vaccine manufacturer Fact Sheet prior to receiving the vaccine and had the opportunity to ask questions. I understand the benefits and risks of the vaccine and request it be administered to me or the person I am authorized to make consent. I have reviewed the HIPPA and understand that the information may be provided to public health officials and insurance processing entities.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Administration (pharmacy use only) PATIENT VERIFIED CHECK**

Given by	BODY SITE	ROUTE	NDC	Lot	Expiration	Date Given
	LEFT OR RIGHT	IM	MODERN:			
			PFIZER:			