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This template is not legal advice. Talk to your attorney for guidance.

# فحص واتفاقية لقاح كوفيد-19

ستُستخدم المعلومات التي جُمعت في هذه الاستمارة لتوثيق تلقِّيك لقاحًا (لقاحات). يمكن مشاركة المعلومات التي جُمعت عن اللقاح الخاص بك (اللقاحات الخاصة بك) عبر مركز اتصال معلومات التحصين في مينيسوتا (MIIC) مع مقدمي الرعاية الصحية الآخرين، والمدارس، والإدارات الصحية، وغيرها من الجهات المخول لها الحصول عليها بموجب القانون. إذا كانت لديك أي أسئلة، يرجى طرحها على طبيبك أو مقدم رعاية صحية آخر. إذا كانت لديك أي أسئلة عن مركز اتصال معلومات التحصين في مينيسوتا (MIIC)، يمكنك الرجوع إلى [مركز اتصال معلومات التحصين في مينيسوتا (MIIC) والجمهور (www.health.state.mn.us/people/immunize/miic/public.html)](https://www.health.state.mn.us/people/immunize/miic/public.html) أو الاتصال برقم ‎1-800-657-3970.

تعيين المزايا ومسؤوليات الدفع: يتيح لنا ذلك إرسال فاتورتك إلى خطتك الصحية أو شركتك وتلقي المدفوعات مباشرةً. غير أن تلقي اللقاح المضاد

أفوض مقدم الرعاية الصحية هذا بفوترة خطتي الصحية أو أي دافعين آخرين نيابة عني، وتلقِّي مدفوعات المزايا المصرح بها.

## معلومات التواصل – الشخص الذي يتم تلقيحه

اسم المريض (الاسم الأخير، الاسم الأول، الاسم الأوسط):

تاريخ الميلاد:

السن:

رقم الهاتف الأساسي:

العنوان (الشارع أو صندوق البريد):

المدينة:

الولاية:

الرمز البريدي:

اسم الأم (الاسم الأخير، الاسم الأول، الاسم الأوسط - إذا كان المريض دون سن 18 سنة):

اسم عائلة الأم (قبل الزواج) (إذا كان المريض دون سن 18 سنة):

## معلومات السداد

أحضِر نسخة من بطاقتك التأمينية معك!

شركة التأمين الرئيسية:

رقم العضو/بطاقة الهوية/بوليصة التأمين:

اسم المجموعة:

شركة التأمين الثانوية:

رقم العضو/بطاقة الهوية/بوليصة التأمين:

اسم المجموعة:

صاحب بوليصة التأمين، إذا كان مختلفًا عن المُطَعَّم:

الاسم:

تاريخ الميلاد:

مدفوعات الشركة:

اسم الشركة:

☐ ضع علامة هنا إذا كان الشخص الذي يحصل على التلقيح لا يمتلك تأمينًا.

## الاتفاقية

بالتوقيع أدناه، أفهم وأُقر وأعتمد وأوافق على ما يلي:

* **استلمت نشرة حقائق تصريح استخدام لقاح كوفيد-19 التالي في حالات الطوارئ وقرأتها أو تم شرحها لي: [أدرِج اسم منتج اللقاح].**
* **سنحت لي الفرصة لطرح الأسئلة التي تم الإجابة عنها على نحو يرضيني، وأدرك المزايا والمخاطر التي ينطوي عليها لقاح كوفيد-19 كما هو موضح.**
* **أوافق على تلقي لقاح كوفيد-19 لنفسي أو للشخص المذكور أعلاه.**

توقيع المريض أو الوالد/الوصي:

التاريخ: / /

## السجل المرضي

إذا كانت الإجابة بنعم عن أي من هذه الأسئلة، فقد يحتاج الشخص الذي يعطيك اللقاح إلى مزيد من المعلومات منك قبل أن تحصل على اللقاح:

| نعم | لا | غير معروف | سؤال |
| --- | --- | --- | --- |
| نعم | لا |  | هل بلغت السن المناسبة لتلقي لقاح كوفيد-19؟   * لقاح فايزر-بيو-أن ـَك (Pfizer-BioNTech): يجب أن تكون بعمر ستة أشهر أو أكثر * لقاح موديرنا (Moderna): يجب أن تكون بعمر ستة أشهر أو أكثر * لقاح نوفافاكس: يجب أن تكون بعمر 12 سنة أو أكثر. |
| نعم | لا | غير معروف | هل أنت مصاب بعدوى فيروس نقص المناعة البشرية (HIV) أو أي حالة أخرى من حالات ضعف جهاز المناعة، أو هل تتناول أي أدوية أو علاجات مثبطة للمناعة؟ |
| نعم | لا | غير معروف | هل عانيت من رد فعل تحسسي (مثل التأقي) بعد حصولك على الجرعة السابقة أو تجاه أي مكون من مكونات لقاح كوفيد-19؟ |
| نعم | لا | غير معروف | هل عانيت من أي ردة فعل تحسسية غير شديدة (في غضون الساعات الأربع) بعد تلقيك الجرعة السابقة من اللقاح المضاد لفيروس كورونا المستجد؟ أو هل تعاني من أي حساسية معروفة (بتشخيص طبي) تجاه أحد المكونات أو إحدى المواد التي تدخل في تركيبه؟ |
| نعم | لا | غير معروف | هل عانيت من أي ردة فعل تحسسية فورية تجاه أي لقاح آخر (غير اللقاحات المضادة لفيروس كورونا المستجد) أو أي علاج يُؤَخذ بالحقن (ومنها، مثلاً، الحقن في العضل أو في الوريد أو في الأنسجة الدهنية (تحت الجلد)؟ ولا يدخل ضمن ذلك الحقن المضادة للتحسس. |
| نعم | لا | غير معروف | هل تشعر بالتوعك اليوم؟ |
| نعم | لا | غير معروف | هل عانيت من متلازمة التهاب الأجهزة المتعددة بعد الإصابة بفيروس كورونا المستجد؟ |
| نعم | لا | غير معروف | هل حصلت لك حالة التهاب عضلة القلب أو التهاب التامور بعد جرعة سابقة من لقاح كوفيد-19 من موديرنا أو فايزر- بيو أن تك أو نوفافاكس؟ |
| نعم | لا | غير معروف | هل حصلت على أية لقاحات خلال الأسابيع الأربعة الماضية؟ |
| نعم | لا | لا ينطبق | هل تلقيت من قبلُ لقاح كوفيد-19؟  إذا كانت الإجابة بنعم، فأَدرِج منتج اللقاح وتاريخ تلقيك له: |

لا تكتب أسفل هذا ال

## Vaccine information

| **COVID-19 Vaccine Presentation1** | **EUA Fact Sheet Date** | **Route2** | **Manufacturer3** | **Lot Number** | **Admin Site4** | **Person Admin5** |
| --- | --- | --- | --- | --- | --- | --- |
| COVID-19 Comirnaty (Pfizer) 12 years and older (gray cap), 0.3 mL |  | IM | PFR |  |  |  |
| COVID-19 Pfizer 5-11 years (bleu cap), 0.3 mL |  | IM | PFR |  |  |  |
| COVID-19 Pfizer 6 months – 4 years (yellow cap), 0.3 mL |  | IM | PFR |  |  |  |
| COVID-19 Spikevax (Moderna) 12 years and older (blue cap/blue label), 0.5 mL |  | IM | MOD |  |  |  |
| COVID-19 Moderna 6-11 years (blue cap/green label), 0.25 mL |  | IM | MOD |  |  |  |
| COVID-19 (Novavax), 0.5 mL |  | IM | NVX |  |  |  |

1. **COVID-19 Vaccine Presentation** = lists specific product name (e.g., Pfizer, Moderna, Novavax, etc.)
2. **Route:** IM = Intramuscular
3. **Manufacturer:** MOD = Moderna, PFR = Pfizer, NVX= Novavax
4. **Site Vaccine Given:** LD = Left Deltoid, RD = Right Deltoid, LT = Left Thigh, RT = Right Thigh
5. **Signature or initials of person administering vaccine:** Can be used if more than one person is administering vaccines.

Signature and title of person administering vaccine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date administered: \_\_\_/\_\_\_/\_\_\_\_\_\_\_\_

## Information for health care professionals about the pre-vaccination form for COVID-19 vaccine

[For health care providers, not for the patient]

This information is derived from the [CDC: Use of COVID-19 Vaccines in the United States (www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html)](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html). We will reference this document as CDC’s Interim Clinical Considerations below and note specific sections where information can be found.

### Age

Follow recommendations for vaccine administration to authorized age groups found under each vaccine product’s emergency use authorization (EUA) or package insert. For Moderna, Novavax and Pfizer-BioNTech COVID-19 vaccine primary series doses, an 8-week interval is suggested between dose one and two for immunocompetent people 6 months to 64 years of age, and especially males 12-39 years.

Immediate allergic reaction

An immediate allergic reaction to a vaccine or medication is defined as any hypersensitivity-related signs or symptoms such as urticaria (hives), angioedema (painless swelling under the skin, often happens with hives), respiratory distress (e.g., wheezing, stridor), or anaphylaxis that occur within four hours following administration.

### Have you had a severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine?

CDC considers this to be a contraindication to vaccination with COVID-19 vaccines. People with an allergy-related contraindication to one type of COVID-19 vaccine have a contraindication or precaution to the other types of COVID-19 vaccines. For additional details, refer to the following sections of CDC’s Interim Clinical Considerations: Contraindications and precautions and Appendix E: Triage of people with a history of allergies or allergic reactions. For a full list of ingredients included in COVID-19 vaccines, refer to [FDA: COVID-19 Vaccines (www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines)](https/www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines) and [CDC: U.S. COVID-19 Vaccine Product Information (www.cdc.gov/vaccines/covid-19/info-by-product/index.html)](https://www.cdc.gov/vaccines/covid-19/info-by-product/index.html).

### Have you had an immediate, non-severe allergic reaction to a previous dose or known (diagnosed) allergy to a component of the COVID-19 vaccine or any of its ingredients?

CDC considers this to be a precaution to vaccination with COVID-19 vaccines. Non-severe allergic reactions may include urticaria (hives) beyond the injection site and angioedema (visible swelling) involving lips, facial skin, or skin in other locations. Angioedema affecting the airway (e.g., tongue, uvula, or larynx) would be a **severe** allergic reaction. For additional details, refer to the following sections of CDC’s Interim Clinical Considerations: Contraindications and precautions and Appendix E: Triage of people with a history of allergies or allergic reactions. For a full list of ingredients included in COVID-19 vaccines, refer to COVID-19 vaccine-specific [FDA: COVID-19 Vaccines](https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines) and [U.S. COVID-19 Vaccine Product Information](https://www.cdc.gov/vaccines/covid-19/info-by-product/index.html).

### Immediate allergic reaction to any other vaccines (non-COVID-19) or injectable therapy (intramuscular, intravenous, or subcutaneous)? Does not include allergy shots.

People with a history of an immediate allergic reaction to a non-COVID-19 vaccine or injectable therapy that contains multiple components, one or more of which is a component of a COVID-19 vaccine, but it is unknown which component elicited the allergic reaction, have a precaution to vaccination with that COVID-19 vaccine. These people may benefit from consultation with an allergist-immunologist who can perform a more detailed risk assessment for COVID-19 vaccine receipt and possibly allergy testing. For additional details, refer to the following sections of CDC’s Interim Clinical Considerations: Contraindications and precautions and Appendix E: Triage of people with a history of allergies or allergic reactions.

### Are you feeling sick today?

There is no evidence that someone who is sick when vaccinated will decrease the vaccine’s effectiveness or increase vaccine adverse events. If a person has COVID-19 symptoms, they should isolate following current guidelines, get tested, and if necessary, seek medical care. As a precaution, when someone is moderately to severely ill, all vaccines should be delayed until the illness has improved. A person who is mildly ill (e.g., diarrhea, upper respiratory infection, etc.), can still receive a vaccine, including people who are taking an antibiotic.

People should be offered vaccination regardless of their history of symptomatic or asymptomatic COVID-19 infection, including people with prolonged post-COVID-19 symptoms. Vaccination of people with known current COVID-19 infection should be deferred until at least the person has recovered from the acute illness (if the person had symptoms) and they have met criteria to discontinue isolation. This recommendation applies to people who experience COVID-19 infection before receiving any COVID-19 vaccine dose. For details, including additional information on delaying vaccine doses, refer to the following section of CDC’s Interim Clinical Considerations: COVID-19 vaccination and SARS-CoV-2 infection.

### Have a history of Multisystem Inflammatory Syndrome after SARS-CoV-2 infection?

Given the lack of data on the safety of COVID-19 vaccines in people with a history of MIS-C and MIS-A, a conversation between the patient, their guardian(s), and their clinical team or a specialist (e.g., specialist in infectious diseases, rheumatology, or cardiology) is strongly encouraged to assist with decisions about the use of COVID-19 vaccines. Additional details can be found in the following section of CDC’s Interim Clinical Considerations: COVID-19 vaccination and MIS-C and MIS-A section.

### Have a history of myocarditis or pericarditis after a previous dose of Moderna, Pfizer-BioNTech, or Novavax COVID-19 vaccine?

CDC considers this to be a precaution to vaccination with mRNA COVID-19 vaccines (i.e., Moderna or Pfizer-BioNTech) or Novavax COVID-19 vaccine. Refer to their primary care provider to receive an assessment of their current health condition and assessment of individual benefits and risks. For more details, refer to the following section of CDC’s Interim Clinical Considerations: COVID-19 vaccination and myocarditis and pericarditis.

### Have you had any other vaccinations in the last 4 weeks?

Because of the observed risk for myocarditis after receipt of ACAM2000 orthopoxvirus vaccine and mRNA (i.e., Moderna and Pfizer-BioNTech) and Novavax COVID-19 vaccines and the unknown risk for myocarditis after JYNNEOS, people, particularly adolescent or young adult males, might consider waiting 4 weeks after orthopoxvirus vaccination (either JYNNEOS or ACAM2000) before receiving a Moderna, Novavax, or Pfizer-BioNTech COVID-19 vaccine. However, if an orthopoxvirus vaccine is recommended for prophylaxis in the setting of an outbreak, orthopoxvirus vaccination should not be delayed because of recent receipt of a Moderna, Novavax, or Pfizer-BioNTech COVID-19 vaccine; no minimum interval between COVID-19 vaccination with these vaccines and orthopoxvirus vaccination is necessary.

### Have you ever received a dose of COVID-19 vaccine?

Refer to the following sections of CDC’s Interim Clinical Considerations: COVID-19 vaccination overview and timing, spacing and interchangeability. Verify a person’s age, what vaccine they have received, and the date(s) of prior dose(s) to assure the correct vaccine product and dose interval is used.

### Other considerations

* **Chronic health condition** – is not a contraindication or precaution for vaccination.
* **Immunocompromised conditions** (e.g., HIV infection, immunosuppressive medications, or therapies, etc.) – immunocompromised people age 6 months and older should receive a COVID-19 vaccine series as soon as possible. They should be counseled regarding the potential for reduced immune responses and that the vaccine may not fully protect them. People need to continue to follow current guidance to protect themselves.
  + **Moderately or severely immunocompromised** – Because the immune response following COVID-19 vaccination may differ in moderately or severely immunocompromised people, CDC has specific guidance for this population. For more details refer to the following sections of the CDC’s Interim Clinical Considerations for Use of COVID-19 Vaccines: COVID-19 Vaccines, Recommendations, and Schedule for People who are moderately or severely immunocompromised.
* **Bleeding disorder or are taking a blood thinner** – recommended to use a fine-gauge needle (23 gauge or smaller) for the vaccination, followed by firm pressure on the site, without rubbing, for at least 2 minutes.
* **Dermal filler(s)** – advise to contact their health care provider for evaluation if they develop swelling at or near the site of dermal filler following vaccination. For additional details, refer to the following section of CDC’s Interim Clinical Considerations: Special Populations.
* **Pregnant** – Both CDC and ACOG urge that pregnant people be vaccinated. Pregnant and recently pregnant people with COVID-19 are at increased risk for severe illness when compared with non-pregnant people. Early data supports that vaccination is well-tolerated and elicits a protective immune response. For details, refer to the following section of CDC’s Interim Clinical Considerations: Consideration involving pregnancy, lactation, and fertility.
* **Passive antibody therapy for prevention or treatment for COVID-19** – COVID-19 vaccination can be given at any time following receipt of antibody products as part of COVID-19 treatment, post-exposure prophylaxis, or pre-exposure prophylaxis once the isolation or quarantine period has been completed. For details, refer to the following section of CDC’s Interim Clinical Considerations: COVID-19 vaccination and SARS-CoV-2 infection.
* **COVID-19 vaccines and myocarditis and pericarditis** – Ongoing safety monitoring of the mRNA and Novavax COVID-19 vaccines has found increased risks of myocarditis and pericarditis, predominantly in males 12-39 years of age within the first week of receiving the second dose.

An 8-week interval between the first and second doses of an Moderna, Pfizer-BioNTech, and Novavax COVID-19 vaccine primary series may be optimal for some people ages 6 months–64 years, especially for males ages 12–39 years, as it may reduce the small risk of myocarditis/pericarditis associated with mRNA and Novavax COVID-19 vaccines.

Clinicians should consult the following section of CDC’s Interim Clinical Considerations for Use of COVID-19 Vaccines: Safety considerations for COVID-19 vaccines or the [CDC: Clinical Considersations: Myocarditis and Pericarditis after Receipt of mRNA COVID-19 Vaccines (www.cdc.gov/vaccines/covid-19/clinical-considerations/myocarditis.html)](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/myocarditis.html) when deciding whether to administer aCOVID-19 vaccine to someone with a history of myocarditis or pericarditis or when a patient presents with symptoms of myocarditis or pericarditis.

Find EUA fact sheets for health care providers and recipients and caregivers at [FDA: COVID-19 Vaccines (www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines)](https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines).

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