

West Limestone Family Care

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COVID-19 Vaccine Screening Tool & Consent

The U.S. Food Administration (FDA) has issued an Emergency Use Authorization (EUA) to permit the emergency use of the unapproved product, Moderna COVID-19 Vaccine, for active immunization to prevent coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in individuals 16 years of age and older.

The Moderna COVID-19 Vaccine includes the following ingredients:

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.

Exclusion Criteria (EUA Contraindications)

- Known allergic reaction to Moderna COVID-19 vaccine
- Known allergic reaction to any components in Moderna COVID-19 vaccine
- Age <16

Not recommended at this time (Waiting on ACIP recommendations)

- Pregnant or Lactating
- Previous severe allergic reaction to any other vaccine
- Participation in any COVID-19 Vaccine trial
- Has tested positive for COVID-19 in the last 90 days

Screening Checklist for Contraindications

- | | Y | N | I don't know |
|--|--------------------------|--------------------------|--------------------------|
| 1. Are you sick today? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have allergies to medications, food a vaccine component, or latex? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2a. Minor reaction? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2b. Anaphylactic reation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had a serious reaction after receiving a vaccination? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. In the past 3 months, have you taken any medications that affect your immune system, such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or have you had radiation treatments? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For women: Are you pregnant or is there a chance you could become pregnant during the next month? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you received any vaccinations in the past 4 weeks? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you had any vaccination for COVID-19? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Patient name (please print) _____ Date: _____

Reviewed by: _____ Date: _____

Adobted from CDC <https://www.immunize.org/catg.d/p4065.pdf>

1. I understand Moderna COVID-19 Vaccine is available under emergency use authorization for active immunization to prevent COVID-19 in individuals 16 years of age and older.
2. I hereby certify that I have been provided the "Fact Sheet for Recipients and Caregivers" as required by Emergency Use Authorization (EUA) granted to Moderna COVID-19 vaccine.
3. I hereby release West Limestone Family Care, and employees from responsibility for any adverse conditions resulting from the administration of Moderna COVID-19 Vaccine.

Signature: _____ Date: _____

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