COVID-19 IMMUNIZATION CONSENT AND CLAIM FORM

INCOME INFORMATION

How many members are there in your family? _____

What is your annual household income (this includes spouse / partner)? _____

MRN

MONITORING TIME
☐ **15 mins** ☐ **30 mins**

INSURANCE INFORMATION

☐ #_____ Medicare Part B

☐ #_____ Oregon Health Plan (Medicaid)

☐ _____ Name of insurance company

_____ Member #

_____ Subscriber Name

_____ Subscriber Date of Birth

PATIENT INFORMATION (PLEASE PRINT)

Parent/Guardian Full Name: _____

Last Name:	First Name:	MI:
Date of Birth: (mo/day/yr)	Phone#:	Sex: ☐ F ☐ M
Street and/or Mailing Address:		
City:	State:	Zip:	Primary Language:

Race: (Check all that apply) ☐ African American ☐ American Indian/ Alaskan Native ☐ Asian ☐ Native Hawaiian/ Pacific Islander ☐ White ☐ Decline to Answer

Ethnicity: Hispanic? ☐ Yes ☐ No ☐ Decline

		Yes	No	Don't Know
1.	Do you have a fever or feel sick today?	☐	☐	☐
2.	Have you ever received a dose of COVID-19 vaccine? If yes, which vaccine product? ☐ Pfizer ☐ Moderna ☐ Other	☐	☐	☐
3.	Do you meet the criteria for a 3rd dose mRNA COVID-19 vaccine to be administered? *Only FDA use authorized for those severely to moderately immunocompromised which is defined as the following by the CDC: receiving active cancer treatment for tumors or cancers of the blood, received an organ transplant and are taking medicine to suppress the immune system, received a stem cell transplant within last 2 years or taking medicine to suppress the immune system, moderate or severe primary immunodeficiency (DiGeorge syndrome, Wiskott-Aldrich syndrome) advanced or untreated HIV infection, and active treatment with high-dose corticosteroids or other drugs that may suppress your immune response	☐	☐	☐
4.	Do you have any allergies to eggs, medicines, foods, latex, or vaccines?	☐	☐	☐
5.	Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something? For example, a reaction for which you were treated with epinephrine or EpiPen®, or for which you had to go to the hospital?	☐	☐	☐
6.	Was the severe allergic reaction after receiving a COVID-19 vaccine? (See Fact Sheet)	☐	☐	☐
7.	Was the severe allergic reaction after receiving another vaccine or another injectable medication?	☐	☐	☐
8.	Have you had a severe allergic reaction to any ingredient of this vaccine? (See Fact Sheet)	☐	☐	☐
9.	Have you had a positive test for COVID-19 or has a doctor ever told you that you had COVID-19?	☐	☐	☐
10.	Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19?	☐	☐	☐
11.	Do you have a long-term health problem with heart disease, lung disease, asthma, kidney disease, neurologic or neuromuscular disease, liver disease, metabolic disease (e.g., diabetes), anemia, another blood or bleeding disorder, or are taking a blood thinner?	☐	☐	☐
12.	Has the patient ever fainted after injections?	☐	☐	☐
13.	Are you pregnant, do you plan to become pregnant, or are you breastfeeding?	☐	☐	☐

I have read/had explained to me the information about COVID-19 and the COVID-19 vaccine and have received the Fact Sheet. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the COVID-19 vaccine and ask that the vaccine be given to me or to the person named above for whom I am authorized to make this request. I agree that the OHA COVID-19 vaccine-enrolled provider shall have no responsibility or liability if I contract COVID-19, or other respiratory diseases, or suffer any other adverse reaction following administration of the COVID-19 shot. I allow the release of any information needed to process insurance claims or request payment of medical benefits.

X Signature of responsible person: _____ Date: _____

Nurse _____ **Clinic Location:** _____ **Date:** _____

Dose: .3 .5 **Site:** RDIM LDIM RVLIM LVLIM ☐ Entered in EPIC ☐ Not Entered in EPIC

MODERNA (CPT 91301 | Admin 0011a)				007C21A	10/12/21	021C21A	10/21/21	027C21A	10/26/21	**PFIZER** (CPT 91300 | Admin 0001a)		**JANSSEN** (CPT 91303 | Admin 0031a)			
038C21A	10/27/21	034C21A	10/29/21	036C21A	11/1/21	047C21A	11/7/21	EW0173	11/30/21	EW0191	12/31/21	043A21A	9/17/21	206A21A	9/21/21

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