Patient Phone Number: _____ **AHC Stuttgart**

COVID-19 VACCINE SCREENING AND IMMUNIZATION DOCUMENTATION
(*Adolescent 12-17 years and Adult*)

OMB No. 0720-0068
OMB approval expires: August 31, 2024

PRIVACY ACT STATEMENT

AUTHORITY: DHA-IPM 20-004, "DoD Coronavirus Disease (*COVID-19*) Vaccination Program Implementation"; Public Law 104-191, 10 U.S.C., Chapter Ch. 55, Medical and Dental Care;

PURPOSE: To determine if the COVID-19 vaccine can be administered to the patient.

ROUTINE USES: Information in your records may be disclosed to other components within the MHS for the purpose of continuing medical care and determining military readiness. Additionally, this information may be shared with the Departments of Veterans Affairs and Health and Human Services and other local, state, and federal public health agencies for the purposes of satisfying public health and vaccination reporting requirements and responding to the COVID-19 pandemic.

Any protected health information (*PHI*), including mental health and substance abuse information, in your records may be used and disclosed generally as permitted by the HIPAA Privacy Rule (*45 CFR Parts 160 and 164*), as implemented within DoD by DoDM 6025.18. Permitted uses and disclosures of PHI include, but are not limited to, treatment, payment, and healthcare operations. A complete listing of the applicable routine uses may be found in the associated System of Records Notice (*SORN*).

APPLICABLE SORN: EDHA 07, Military Health Information System (*June 15, 2020, 85 FR 36190*) https://dpcld.defense.gov/Portals/49/Documents/Privacy/SORNs/DHA/EDHA-07.pdf

DISCLOSURE: Voluntary. If you choose not to provide your information, no penalty may be imposed, but there may be a delay in the appropriate medical entry in your electronic health record.

1. NAME *(Last, First, Middle Initial)*	2. DoD ID or Unique Identifier	3. DATE OF BIRTH (*DDMMMYYYY*)	4. AGE

5. CATEGORY: ☐ Service Member ☐ Beneficiary ☐ Civilian Contractor ☐ Civilian Employee ☐ Other

PART I – COMPLETED BY PATIENT	YES	NO
(1) Are you feeling sick today?	☐	☐
(2) Have you received a COVID-19 vaccine before? If so, how many doses? ☐1 ☐2 ☐3 ☐4 ☐5 Which brand _____ Date of last dose _____	☐	☐
(3) Have you had an adverse or allergic reaction to a prior COVID vaccine, anaphylaxis due to any cause, or allergic reaction to any other vaccine or injectable therapy?	☐	☐
(4) Do you have hemophilia or other bleeding disorder or take a blood thinner?	☐	☐
(5) Are you, or might you be, pregnant?	☐	☐
(6) Do you have an immunocompromising condition (*HIV/AIDS, cancer, leukemia, etc.*) or take an immunocompromising medicine or treatment (*systemic steroids, chemotherapy, radiation therapy, etc.*)?	☐	☐
(7) Have you received a smallpox/mpox vaccine in the past month, or plan to receive smallpox/mpox vaccine today?	☐	☐

(8) Check all that apply to the person to be vaccinated:

- ☐ History of COVID-19 disease within the past 3 months
- ☐ History of Multi-System Inflammatory Syndrome (MIS-C or MIS-A)
- ☐ History of myocarditis or pericarditis within 3 weeks after a dose of any COVID-19 vaccine?

6. Acknowledgement – I have read or had explained to me the information in the applicable COVID-19 Vaccine Patient Package insert or the Fact Sheet for Recipients and Caregivers, Emergency Use Authorization (*EUA*) of Novavax COVID-19 Vaccine.	☐	☐

a. FORM COMPLETED BY (*print name*): _____ b. DATE: _____

PART II – COMPLETED BY SCREENER

7. ASSESSMENT

☐ GIVE COVID-19 vaccine today ☐ Do not administer COVID-19 vaccine today. ☐ Refer to experienced provider for further evaluation

8. Vaccine Information Material provided *(check box)*

- ☐ Spikevax Patient Package Insert-Information for Recipients and Caregivers or COVID-19 Vaccine Information Statement when available
- ☐ Comirnaty Patient Package Insert-Information for Recipients and Caregivers or COVID-19 Vaccine Information Statement when available
- ☒ Fact Sheet for Recipients and Caregivers, EUA of Novavax COVID-19 Vaccine

9. SCREENER INFORMATION

a. NAME b. DATE *(YYYYMMDD)*

PART III – COMPLETED BY VACCINATOR

10. Vaccine

- ☐ COMIRNATY (Pfizer-BioNTech) 0.3mL (≥*12yrs*)
- ☐ Spikevax (Moderna) 0.5mL (≥*12yrs*)
- ☒ Novavax 0.5mL (≥*12yrs*)

11. LOT #: _____ 12. EXPIRATION DATE: *(YYYYMMDD)* _____

13. SITE (ROUTE): ☐ Left Deltoid (*IM*) ☐ Right Deltoid (*IM*)

14. COMMENTS:

15. VACCINE ADMINISTERED BY	a. NAME:	b. DATE: *(YYYYMMDD)*
16. ASIMS / MEDPROS / MRRS / AHLTA / MHS GENESIS Entry	a. NAME:	b. DATE: *(YYYYMMDD)*

Information for Healthcare Professionals about Screening Questions

(1) Are you feeling sick today?

People with moderate or severe illness should not be vaccinated until their symptoms improve. Mild illnesses, even with fevers or requiring antibiotics, should not preclude receipt of COVID-19 vaccine. There is no evidence that acute illness reduces vaccine efficacy or increased vaccine adverse events.

(2) Have you received a COVID-19 vaccine before? If so, how many doses __1 __2 __3? Which brand_____? Date of last dose_____?

-People ages 5 years and older who are unvaccinated or previously received any number of Original monovalent or bivalent mRNA vaccine doses are recommended to receive 1 dose of updated 2023-24 mRNA vaccine from either manufacturer.

-People ages 12 years and older who previously received 1 or more doses of Novavax COVID-19 or Janssen COVID-19 Vaccine, including those who also received any mRNA vaccine dose(s), are recommended to receive 1 dose of an updated 2023-24 mRNA vaccine from either manufacturer.

-People who are moderately to severely immunocompromised are recommended to have a 3 dose initial series (any combination of current or previous doses count towards the series) and may receive 1 or more additional doses of the updated vaccines.

(3) Have you had an adverse or allergic reaction to a prior COVID vaccine, anaphylaxis due to any cause, or allergic reaction to any other vaccine or injectable therapy?

Patients reporting a serious reaction to a previous dose of COVID-19 vaccine, any vaccine, or injectable therapy (intramuscular, intravenous, or subcutaneous), should be asked to describe their symptoms. There is a remote chance that a COVID-19 vaccine could cause a severe allergic reaction. (*1*) Persons who have had a severe allergic reaction to the first dose of an mRNA COVID-19 vaccine should not receive a 2nd mRNA COVID-19 vaccine. However, consideration may be given to vaccination with Novavax COVID-19 vaccine under the supervision of a health care provider experienced in the management of severe allergic reactions, such as an Allergist. (2) An allergic reaction to any other vaccine or injectable therapy (*such as chemotherapeutic agents*) is a precaution to COVID-19 vaccination. Such individuals should be counseled that the risk of COVID-19 vaccine is unknown, and they should seek the advice of a medical specialist. If these individuals, or those with a history of anaphylaxis for any other cause, elect to be vaccinated, they should be observed for 30 minutes afterward. (*3*) A history of a significant, non-anaphylactic, reaction to a non-injectable medicine, food, latex, or pollen allergy does not preclude receipt of a COVID-19 vaccine. Mild-to-moderate non-allergic, flu-like symptoms, or vaccination site reactions are not a reason to withhold future vaccination. However, moderate-to-severe non-allergic reactions should be evaluated by an experienced provider prior to vaccination.

(4) Do you have hemophilia or other bleeding disorder or take a blood thinner?

People with bleeding disorders or treated with blood thinners should be counseled that they may have an increased risk of developing a hematoma following any intramuscular injection. If feasible, intramuscular vaccination may be delayed until shortly after anti-hemophilia therapy or alternation in their blood thinner regimen. Alternatively, a fine needle (*≤ 23 gauge*) can be used for vaccination and firm pressure applied to the site (*without rubbing*) for at least 2 minutes.

(5) Are you, or might you be, pregnant?

Vaccination is recommended for all people aged 12 years and older, including people that are: Pregnant, breastfeeding, or trying to get pregnant now or who might become pregnant in the future. A growing body of evidence on the safety and effectiveness of COVID-19 vaccination - in both animal and human studies - indicates that the benefits of vaccination outweigh any known or potential risks of COVID-19 vaccination during pregnancy.

(6) Do you have an immunocompromising condition (*HIV/AIDS, cancer, leukemia, etc.*) or take an immunocompromising medicine or treatment (*systemic steroids, chemotherapy, radiation therapy, etc.*)?

COVID-19 vaccination should not be delayed in patients taking immunosuppressive therapies, but whenever possible, administer ≥ 2 weeks before initiation or resumption of immunosuppressive therapies. For those receiving B-cell-depleting therapies on a continuing basis: administer approximately 4 weeks before the next scheduled therapy. Immunocompromised individuals should be counseled that neither the safety nor efficacy of the COVID-19 vaccines have been studied in individuals with weakened immune systems resulting from congenital defect, disease, medications, or treatments. Non-live COVID-19 vaccines may be administered to immunocompromised patients. although the protective benefit may be suboptimal. Vaccinated immunocompromised individuals need to continue to follow all current guidance to protect themselves against COVID-19.

(7) Have you received a smallpox/mpox vaccine in the past month, or plan to receive smallpox/mpox vaccine today?

Because of the observed risk for myocarditis after receipt of ACAM2000 orthopoxvirus vaccine and mRNA (*ie., Moderna and Pfizer-BioNTech*) and Novavax COVID-19 vaccines and the unknown risk for myocarditis after JYNNEOS,per DoD policy smallpox/mpox vaccines (ACAM2000 or JYNNEOS) should be separated from any mRNA COVID-19 vaccine by ≥ 28 days. 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.

(8) Check all that apply to the person to be vaccinated:

-People who recently had SARS-CoV-2 infection (within the last 3 months) may consider delaying their primary series or additional doses by 3 months from symptom onset or positive test (if infection was asymptomatic).

-Persons with history of multisystem inflammatory syndrome; MIS-C (children) or MIS-A (adult) is a precaution to receipt of COVID-19 vaccine and should be referred to a provider for further evaluation.

-Development of myocarditis or pericarditis after a dose of an mRNA (Moderna, Pfizer-BioNTech) or Novovax COVID-19 vaccine is a precaution to a subsequent dose of any COVID-19 vaccine and subsequent doses should generally be avoided.

The Defense Health Agency-Immunization Healthcare Division (*DHA-IHD*) is available to 24/7 to assist patients and healthcare providers with clinical concerns at 877-438-8222, DSN 761-4245.