

# MCHD COVID VACCINATION REGISTRATION AND PRE-SCREENING FORM

**Instructions:** This information will be recorded into the state's immunizations tracking system Alert IIS. **Please print clearly.** Signing this document indicates that you have read or have had the information about the COVID-19 vaccine on this form explained to you. That you have had a chance to ask questions, which were answered to your satisfaction. That you believe you understand the benefits and risks of COVID-19 vaccine and that you are requesting the vaccine be given to you.

Last Name		First Name		Middle Name/initial	
Date of Birth (MM/DD/YY) and Age		Email		Phone	
Street Address			City, State, Zip		

**Gender:**  Female  Male  AFAB, Transgender Male, Trans Man  AMAB, Transgender Female, Trans Woman  
 Non-binary, Genderqueer, Gender expansive  Other: \_\_\_\_\_  Choose not to disclose

Screening Questionnaire: If yes to any of the following, you may be asked additional questions	Yes	No
1. Have you ever had an immediate, severe allergic reaction (e.g., anaphylaxis) to anything? For example, a reaction for which you were treated with epinephrine (EpiPen®) or for which you had to go to the hospital? Or do you have a prescription for an EpiPen®?		
2. Have you ever had any immediate allergic reaction after receiving any vaccine or any other injection? (for example, itchy mouth, hives, tongue swelling)		
3. How many COVID-19 vaccines have you received in the past?		
Dose #1 date / brand	Dose #2 date / brand	
4. Have you had an allergic reaction after a COVID-19 vaccine, polysorbate or polyethylene glycol (PEG)?		
5. Have you had Multisystem Inflammatory Syndrome (MIS-C OR MIS-A) in the last 90 days?		
6. Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment or prevention for COVID-19 in the past 90 days?		
7. If this is your second dose of Pfizer or Moderna vaccine, did you have any problem with your heart after the first dose of vaccine? Have you ever had myocarditis (heart inflammation) before?		
8. Do you have a bleeding disorder or are you taking a blood thinner?		
9. Have you ever had heparin induced low platelets or treated for a blood clot in the last 6 mo?		
10. Have you ever had Guillain-Barre Syndrome (GBS) a serious nerve problem that causes paralysis?		

**\*Have you received written information about the COVID-19 vaccine being given today?**  Yes  No  
**Participant OR Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Parent or Guardian Last Name:** \_\_\_\_\_ **First** \_\_\_\_\_ **Middle** \_\_\_\_\_

**PLEASE NOTE:** A responsible adult needs to remain with a youth who is under 15 years of age for the entire vaccine process. If you are sending your child to the vaccine clinic with a different adult, we also have a [separate consent](#) that you need to sign (this can be done on the phone if you don't have that paper).

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

These questions are optional and your answers are confidential. We would like you to tell us your race and ethnicity so that we can find and address health and service differences.

## Race and Ethnicity

1. How do you identify your **race, ethnicity, tribal affiliation, country of origin, or ancestry?**

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2. Which of the following describes your racial or ethnic identity? Please check **ALL** that apply.

### Hispanic and Latino/a/x

- Central American
- Mexican
- South American
- Other Hispanic or Latino/a/x

### Native Hawaiian and Pacific Islander

- CHamoru (Chamorro)
- Marshallese
- Communities of the Micronesian Region
- Native Hawaiian
- Samoan
- Other Pacific Islander

### White

- Eastern European
- Slavic
- Western European
- Other White

### American Indian and Alaska Native

- American Indian
- Alaska Native
- Canadian Inuit, Metis, or First Nation
- Indigenous Mexican, Central American, or South American

### Black and African American

- African American
- Afro-Caribbean
- Ethiopian
- Somali
- Other African (Black)
- Other Black

### Middle Eastern/North African

- Middle Eastern
- North African

### Asian

- Asian Indian
- Cambodian
- Chinese
- Communities of Myanmar
- Filipino/a
- Hmong
- Japanese
- Korean
- Laotian
- South Asian
- Vietnamese
- Other Asian

### Other Categories

- Other (*please list*)
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- Don't know
- Don't want to answer

3. If you checked **more than one** category above, is there **one** you think of as your **primary** racial or ethnic identity?

- Yes. Please circle your primary racial or ethnic identity above.
- I do not have just one primary racial or ethnic identity.
- No. I identify as Biracial or Multiracial.
- N/A. I only checked one category above.
- Don't know
- Don't want to answer.