COVID-19 Vaccine Questionnaire & Acknowledgment Form

Please read the COVID-19 Emergency Use Authorization (EUA) Fact Sheet for Pfizer and Moderna, if you have not done so already.

1. **Do either of the following apply to you?**
   Please circle: **YES** or **NO**
   - You have a history of a severe allergic reaction (e.g., anaphylaxis) to any vaccine or COVID-19 vaccine products* that required medical attention in the past?
   - You received another COVID-19 vaccine.

   If “yes,” you are not eligible to schedule your COVID-19 vaccine at this time. If you are an employee, please contact the Employee Health Clinic for further guidance. If you are a patient or member of the community, we encourage you to contact your primary care physician. If you do not have primary care physician, please contact 713.790.3333.

2. **Have you experienced a high fever or severe illness in the past 7 days?**
   Please circle: **YES** or **NO**

   If “yes,” you are not eligible to receive the COVID-19 vaccine until your fever or illness has resolved for at least 24 hours without the use of a fever-reducing medication.

3. **In the past, have you experienced a severe allergic reaction (e.g., anaphylaxis) to anything besides vaccines, such as a reaction to medication (oral or injectable), food, or a bee sting, to the point where medical attention was required?**

   If “yes,” you can get the vaccine. But because of your specific health needs, you will likely need to be monitored for 30 minutes after your vaccine. At the time of vaccination, please alert the vaccine administration staff to your condition. Please continue with the questionnaire.

4. **Do any of the following apply to you?**
   Please circle: **YES** or **NO**
   - You have a bleeding disorder or are on a blood thinner.
   - You are immunocompromised or take medication that affects your immune system.
   - You are pregnant or plan to become pregnant.
   - You are breastfeeding.

   If “yes,” you can receive this COVID-19 vaccine. You may wish to discuss any questions you have about your health with your personal physician prior to scheduling your appointment. If you have a bleeding disorder or are on a blood thinner, please alert the vaccine administration staff to your condition at the time of your vaccination.

5. **Do you have a history of Guillain Barre Syndrome?**
   Please circle: **YES** or **NO**

   If “yes,” please acknowledge that you have discussed receiving the vaccine with your neurologist by initialing here: ____________

6. **Have you received any other vaccinations in the past 14 days?**
   Please circle: **YES** or **NO**

   If “yes,” then you are not eligible to receive the COVID-19 vaccine until 14 days have passed since your last vaccine.
COVID-19 Vaccine Questionnaire & Acknowledgment Form

7. Do either of these statements apply to you?  
   Please circle: YES or NO
   - You have received convalescent plasma for SARS-CoV-2 (COVID-19) in the last 90 days.
   - You have received monoclonal antibody infusions for SARS-CoV-2 (COVID-19) in the last 90 days.

If “yes,” you are not eligible to receive the COVID-19 vaccine until 90 days have passed since therapy.

Acknowledgment

You hereby acknowledge and agree to the following statements:

- If I received the first dose of Pfizer COVID-19, I agree to receive the second dose of Pfizer COVID-19 in 21 days from the first dose. If I received the Moderna COVID-19 vaccine, I agree to receive the second dose of the Moderna vaccine in 28 days from the first dose.
- If I experience any severe allergic reactions (e.g., difficulty breathing, swelling in face or throat, rash all over your body, dizziness or weakness, fast heartbeat that is new), I agree to contact the Employee Health Clinic as an employee. As a patient or community member, I agree to call the nurse triage phone number at 346.356.3444 or call 911.
- I acknowledge that I have read the FDA’s COVID-19 Emergency Use Authorization fact sheet.
- I understand I should continue safety practices such as wearing a face mask, social distancing and frequent hand washing.
- I understand that protection against COVID-19 may not be effective until at least 7 days after the second dose of the vaccine.
- By submitting this Acknowledgment, I am requesting to receive the COVID-19 vaccine.

_________________________________________  ________________
Printed Legal Name  Date of Birth

_________________________________________  ________________
Signature  Date

PO COVID-19 01082021
COVID-19 Vaccine Questionnaire & Acknowledgment Form

*Pfizer COVID-19 Vaccine

The Pfizer vaccine includes the following ingredients:
- mRNA = BNT162b2 RNA
- ALC-0159 = 2[(polyethylene glycol)-2000]-N,N-ditetradecylacetamide
- potassium chloride
- monobasic potassium phosphate
- dibasic sodium phosphate dihydrate
- ALC-0315 = (4-hydroxybutyl)azanediyl) bis(hexane-6,1-diyl)bis(2-hexyldecanoate)
- 1,2-Distearoyl-sn-glycero-3-phosphocholine
- sodium chloride
- sucrose

*Moderna’s COVID-19 Vaccine

The Moderna vaccine contains a synthetic messenger ribonucleic acid (mRNA) encoding the pre-fusion stabilized spike glycoprotein (S) of SARS-CoV-2 virus.

The vaccine also contains the following ingredients:
- lipids
- tromethamine and tromethamine hydrochloride
- acetic acid and sodium acetate
- sugar