

Patient Information

First Name <small>[R]</small>	Last Name <small>[R]</small>		
Birth Date <small>[R]</small>	Sex <small>[R]</small>	Mother's Maiden Name <small>[R]</small>	
Race <small>[R]</small>	Ethnicity <small>[R]</small>		
Street Address <small>[R]</small>			
City <small>[R]</small>	State <small>[R]</small>	Zip <small>[R]</small>	County <small>[R]</small>
Home Phone Number <small>[R]</small>		Cell Phone Number <small>[R]</small>	
Email Address <small>[R]</small>		Verify Email Address <small>[R]</small>	

Are you a Healthcare Worker? (Health care personnel are defined as paid and unpaid persons serving in health care settings who have the potential for direct or indirect exposure to patients or infectious materials.)

[R]

Is this your first COVID Vaccine Dose? [R]

Location:

Date:

Time:

I certify that I have read and accept MSDH's [Privacy Policy Statement](#)

return by email to:

drop of at:

COVID-19 Vaccine Patient Screening

ALL ANSWERS ARE REQUIRED

- 1 Are you a healthcare worker/personnel? (includes all paid and unpaid healthcare personnel working in a variety of healthcare settings—for example, acute care facilities, long-term acute care facilities, inpatient rehabilitation facilities, nursing homes and assisted living facilities, home health care, mobile clinics, and outpatient facilities, such as dialysis centers and physicians' offices.). Examples of healthcare personnel include:
- Emergency medical service personnel
 - Nurses and nursing assistants
 - Physicians
 - Technicians
 - Therapists
 - Dentists
 - Dental hygienists and assistants
 - Phlebotomists
 - Pharmacists
 - Students and trainees
 - Contractual staff
 - Dietary and food services staff
 - Environmental services staff
 - Administrative staff
- YES
NO
- 2 Are you between 18-64 years of age with the following underlying medical conditions:
- Cancer
 - Chronic kidney disease
 - COPD (chronic obstructive pulmonary disease)
 - Down Syndrome
 - Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
 - Immunocompromised state (weakened immune system) from solid organ transplant
 - Obesity (body mass index [BMI] of 30 kg/m² or higher but < 40 kg/m²)
 - Severe Obesity (BMI ≥ 40 kg/m²)
 - Pregnancy
 - Sickle cell disease
 - Smoking
 - Diabetes
 - Or other medical conditions as determined by your medical provider
- YES
NO
- 3 Do you have a history of severe allergic reactions (e.g., anaphylaxis*), including from any prior injectable medications or vaccines?
- *anaphylaxis-a severe allergic reaction that leads to wheezing, chest tightness, difficulty breathing, rash, swelling in throat and lowered blood pressure that starts between 5-30 minutes after contact with an allergen
- YES
NO
- 4 Have you received any other vaccine within the past two weeks?
- YES
NO
- 5 Have you recently been exposed to a person with COVID-19 within the last 14 days, or are you currently under quarantine for exposure?
- YES
NO
- 6 Have you received monoclonal or antibody therapy for COVID-19 in the previous 90 days?
- YES
NO
- 7 Have you recently or previously tested positive for COVID-19?
- YES
NO
- 8 Is this your first or second dose?
- FIRST
SECOND