



Island Prescription Center

1728 Grand Island Blvd. Grand Island, NY 14072

NPI: 1689894909

Phone: (716)-773-5599

Fax: (716) 773-5665

Patient Information (Vaccine Recipient):

Name (Last)	Date of Birth	Current Gender	Race	Ethnicity
Name (First)	Name (Middle):	Sex at Birth:	Preferred Language:	
Address		City	State	Zip
Email Address		Phone Number	Marital Status	
Primary Care Physician Address/Phone Number:				
Emergency Contact Name:		Relation:	Phone Number:	Site Where Vaccine is Administered: Island Prescription Center

Screening Questions:

Question	YES	NO	Don't Know
1. Are you feeling sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever received a dose of COVID-19 Vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you have received a dose of COVID-19 Vaccine before: a. Vaccine manufacturer (example: Pfizer, Moderna): _____ / Date of first dose: _____			
3. Have you ever had an allergic reaction to: (This would include a severe allergic reaction [e.g., anaphylaxis] that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that occurred within 4 hours that caused hives, swelling, or respiratory distress, including wheezing.)			
• A component of the COVID-19 vaccine, including Polysorbate or polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Another Vaccine or an injectable medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. In the last 10 days, have you had a COVID-19 test or been told by a healthcare provider or health department to isolate at home due to COVID-19 infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. In the last 10 days, have you been told by a healthcare provider or health department to quarantine at home due to COVID-19 exposure or travel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19 in the last 90 days? <i>if yes, when did you receive the last dose?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have a bleeding disorder or are you taking a blood thinner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you pregnant or considering becoming pregnant or breastfeeding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you received any vaccine in the last 14 days (2 weeks) including Flu shot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Do you have cancer, leukemia, HIV/AIDS, a history of autoimmune disease or any other condition that weakens the immune system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you take any medications that affect your immune system, such as cortisone, prednisone or other steroids, anticancer drugs, or have you had any radiation treatments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consent (check each box below after reading and signing):

- ☐ I understand the benefits and risks of the COVID-19 vaccine as described in the Emergency Use Authorization (EUA) Fact Sheet (Moderna Fact Sheet), a copy of which I was provided with this Consent Form. I have had a chance to ask questions that were answered to my satisfaction. I request the vaccine to be given to me or to the person named above, a minor for whom I represent that I am authorized to sign this Consent Form.
- ☐ I understand that at this time, the COVID-19 vaccine requires 2 doses given 21-28 days apart depending on the manufacturer. If this is my second dose, I will bring my vaccine card with me to be completed.
- ☐ I agree to stay in the vaccine administration area for fifteen (15) minutes or longer if indicated by the vaccine administrator after receiving my vaccine to ensure that no immediate adverse reactions occur.
- ☐ I understand that I will be receiving the vaccination at no cost to me. I understand that any monies or benefits for administering the vaccine will be assigned and transferred to the vaccinating provider, including benefits/monies from my health plan, Medicare or other third parties who are financially responsible for my medical care.
- ☐ If insured, please bring in your prescription and medical insurance cards in addition to your Medicare card if you are over 65 years old for your vaccine appointment. I authorize the pharmacy to bill my insurance on my behalf for the administration of the immunization – understanding I will not incur any costs.

For uninsured patients, please select at least one of the following that you will bring with you to your appointment.

This is needed in order to have your vaccine administration fee paid for by the United States Health Resources & Services Administration's COVID-19 Program.

- ☐ Social Security Number
- ☐ State identification number and state of issuance
- ☐ Driver's license number and state of issuance

Pharmacy Use for Insurance Information

Signature of Person to Receive Vaccine & EUA /VIS (or Signature of Parent/Guardian if Patient is < 18 years old):

Signature: _____

Date: _____

****PHARMACY USE ONLY****

Vaccine	Dose	Route	Date Dose Administered	Vaccine Manufacturer	Lot Number	Expiration Date	Name of Vaccine Administrator
COVID-19	<input type="checkbox"/> 1 st Dose	<input type="checkbox"/> IM - L Arm		<input type="checkbox"/> Moderna			
	<input type="checkbox"/> 2 nd Dose	<input type="checkbox"/> IM - R Arm		<input type="checkbox"/> Pfizer			
COVID-19	<input type="checkbox"/> 1 st Dose	<input type="checkbox"/> IM - L Arm		<input type="checkbox"/> Moderna			
	<input type="checkbox"/> 2 nd Dose	<input type="checkbox"/> IM - R Arm		<input type="checkbox"/> Pfizer			

Pharmacist Name who reviewed this form: _____ Pharmacist Signature: _____

If **certified vaccinator** is different than the pharmacist who reviewed the form:

Name: _____

Signature: _____



***Get vaccinated.
Get your smartphone.
Get started with v-safe.***

What is v-safe?

V-safe is a smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins after you receive a COVID-19 vaccination. Through **v-safe**, you can quickly tell CDC if you have any side effects after getting the COVID-19 vaccine. Depending on your answers, someone from CDC may call to check on you. And **v-safe** will remind you to get your second COVID-19 vaccine dose if you need one.

Your participation in CDC's **v-safe** makes a difference—it helps keep COVID-19 vaccines safe.

How can I participate?

Once you get a COVID-19 vaccine, you can enroll in **v-safe** using your smartphone. Participation is voluntary and you can opt out at any time. You will receive text messages from **v-safe** around 2 p.m. local time. To opt out, simply text "STOP" when **v-safe** sends you a text message. You can also start **v-safe** again by texting "START."

How long do v-safe check-ins last?

During the first week after you get your vaccine, **v-safe** will send you a text message each day to ask how you are doing. Then you will get check-in messages once a week for up to 5 weeks. The questions **v-safe** asks should take less than 5 minutes to answer. If you need a second dose of vaccine, **v-safe** will provide a new 6-week check-in process so you can share your second-dose vaccine experience as well. You'll also receive check-ins 3, 6, and 12 months after your final dose of vaccine.

Is my health information safe?

Yes. Your personal information in **v-safe** is protected so that it stays confidential and private.*

*To the extent **v-safe** uses existing information systems managed by CDC, FDA, and other federal agencies, the systems employ strict security measures appropriate for the data's level of sensitivity.



Use your smartphone to tell CDC about any side effects after getting the COVID-19 vaccine. You'll also get reminders if you need a second vaccine dose.



**Sign up with your
smartphone's browser at
vsafe.cdc.gov**

OR

**Aim your smartphone's
camera at this code**

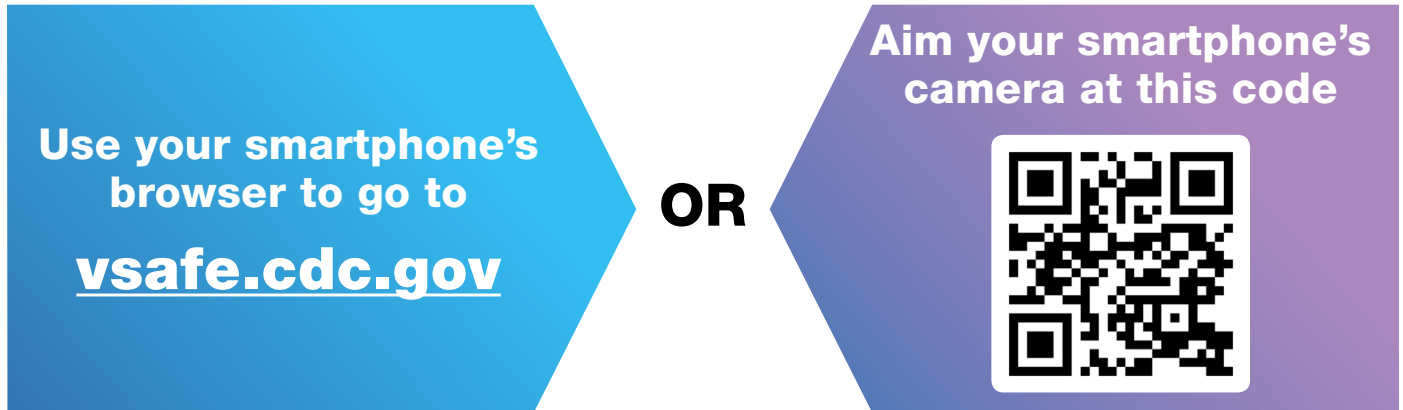


How to register and use v-safe

You will need your smartphone and information about the COVID-19 vaccine you received. This information can be found on your vaccination record card; if you cannot find your card, please contact your healthcare provider.

Register

1. Go to the **v-safe** website using one of the two options below:



2. Read the instructions. Click **Get Started**.
3. Enter your name, mobile number, and other requested information. Click **Register**.
4. You will receive a text message with a verification code on your smartphone. Enter the code in **v-safe** and click **Verify**.
5. At the top of the screen, click **Enter vaccine information**.
6. Select which COVID-19 vaccine you received (found on your vaccination record card; if you cannot find your card, please contact your healthcare provider). Then enter the date you were vaccinated. Click **Next**.
7. Review your vaccine information. If correct, click **Submit**. If not, click **Go Back**.
8. **Congrats! You're all set!** If you complete your registration before 2 p.m. local time, **v-safe** will start your initial health check-in around 2 p.m. that day. If you register after 2 p.m., **v-safe** will start your initial health check-in immediately after you register—just follow the instructions. You will receive a reminder text message from v-safe when it's time for the next check-in — around 2 p.m. local time. Just click the link in the text message to start the check-in.

Complete a v-safe health check-in

1. When you receive a **v-safe** check-in text message on your smartphone, click the link when ready.
2. Follow the instructions to complete the check-in.

Troubleshooting

How can I come back and finish a check-in later if I'm interrupted?

- Click the link in the text message reminder to restart and complete your check-in.

How do I update my vaccine information after my second COVID-19 vaccine dose?

- **V-safe** will automatically ask you to update your second dose information. Just follow the instructions.

Need help with v-safe?

Call 800-CDC-INFO (800-232-4636)

TTY 888-232-6348

Open 24 hours, 7 days a week

Visit www.cdc.gov/vsafe

