

PLEASE PRINT:

Last Name: _____ **First Name:** _____

Address: _____ **City:** _____

State: _____ **ZIP Code:** _____ **Phone Number:** _____

Email Address: _____ **Date of Birth:** _____

PLEASE ANSWER THESE QUESTIONS		
	YES	NO
1. Are you under the age of 18? (Johnson and Johnson can be given to those 18 and older)		
2. Are you sick today?		
3. Have you previously had a covid vaccination? If yes, please circle Moderna Pfizer J and J		
4. Have you been diagnosed with COVID in the last 10 days and are currently on isolation?		
5. Have you received monoclonal antibodies or convalescent plasma in the last 90 days for the treatment of COVID-19?		
6. Do you have HIV, other immunocompromising conditions or take immunosuppressive medication or therapies? Have you talked to your physician?		
7. Do you have an allergy to a component of the vaccine? <ul style="list-style-type: none"> • Polyethylene glycol (found in medication such as laxatives) • Polysorbate (found in some vaccines, film coated tablets, and intravenous steroids) 		
8. Have you had a serious allergic reaction or anaphylaxis to a prior vaccine or other injected medicine (intravenous, subcutaneous, or intramuscular)? (required an EpiPen or caused you to go the hospital)		
9. Are you pregnant or breastfeeding? Have you talked to your physician about this?		
10. Do you have a bleeding disorder, taking a blood thinner, or have dermal fillers?		
11. Have you received any other vaccine in the last 14 days or intend to receive another vaccine in the next 14 days?		

I received and read the Emergency Use Authorization fact sheet information regarding the possible side effects, risks and contraindications of the COVID-19 vaccine. Sioux Center Health will disclose this immunization to the appropriate State Immunization Registry Database.

Signature _____ **Date:** _____

ADMINISTRATIVE USE ONLY:

1 st DOSE - Vaccine	Emergency Use Authorization : Janssen COVID-19 Vaccine		
Date & Time Vaccine Administered	Vaccine Manufacturer/Lot Number/Expiration Date	Site	Signature & Title of Vaccine Administrator
		IM Deltoid: Location (circle one) Left Right	