

**2020-2021 Offsite COVID-19 Screening Questionnaire ENGLISH**

1001 East 9<sup>th</sup> Street, Reno NV, 89512

**Complete the Following for the Person Who is Being Vaccinated:**

**PATIENT Name:** FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_  
 Phone: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex:  F  M Weight: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ EMERGENCY Contact & phone \_\_\_\_\_  
 Ethnicity:  Hispanic/Latino  Non-Hispanic/Non-Latino  Not known  
 Race: (Check all that apply):  White  Black  Asian  Am Indian/Alaskan Native  Native Hawaiian/Pacific Islander  Other/Mixed  Unknown

**COVID-19 Vaccination Series:**

Have you ever received a dose of COVID-19 vaccine?  NO  YES, Which vaccine product?  Pfizer  Moderna  Another product

If you are returning for DOSE 2 of the COVID-19 vaccine, DATE DOSE 1 was received: \_\_\_/\_\_\_/\_\_\_

STAFF-verify the interval for DOSE 2: \_\_\_\_\_ 21 days (Pfizer) \_\_\_\_\_ 28 days (Moderna) \_\_\_\_\_ Other

**Questions for the Person Getting Vaccinated:**

**NO YES**

1. Are you sick today? If yes, what are your symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you 18 years or older?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you or anyone in your household been exposed to, diagnosed with, or has been placed in quarantine for COVID-19 in the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you received passive antibody therapy as treatment for COVID-19 in the past 90 days?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you received any vaccinations in the past 2 weeks? If yes, please list:	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had a <b>severe</b> allergic reaction (anaphylaxis) to a vaccine or injectable medication in the past? If yes, what vaccine/medication?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had a <b>severe</b> reaction (anaphylaxis) to any medications, latex, foods, pets or insects that required the use or treatment with epinephrine or an EpiPen? Please list allergies:	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you immunocompromised or receiving immunosuppressant therapy?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have a bleeding disorder or are you taking a blood thinner?	<input type="checkbox"/>	<input type="checkbox"/>
10. For women: Are you pregnant or breastfeeding? Please circle one (not contraindicated)	<input type="checkbox"/>	<input type="checkbox"/>

**Read Below and Sign:**

I hereby acknowledge that I have received the Emergency Use Authorization (EUA) vaccine fact sheet and the Notice of Health Information Practices. I have had the opportunity to ask questions for the immunization to be administered to me or the person named above, for whom I am authorized to make this request. I agree to allow my immunization information to be stored and accessed by authorized users in "Nevada's Web IZ". I also agree to have my blood tested or the person named above, for whom I am authorized to make this request, for blood borne bacteria and viruses that may result in disease in the event a person is exposed to my blood or body fluids, or to the person who is named above. By signing this document, I declare that the above information is true and accurate to the best of my knowledge.

**Signature: X** \_\_\_\_\_ **Date:** \_\_\_\_\_

Parent/Guardian signature required if under 18 years old

**For Clinic Use only: Do not write below**

VACCINE	CVX	CPT	DATE GIVEN	LOT #	EXP. DATE	RT	SITE	DOSE	CLINIC	ADMINISTERED BY	FACT SHEET DATE
Pfizer (PFR)	208	91300				IM	LD RD	0.3 mL	WCHD		12/2020
Moderna (MOD)	207	91301				IM	LD RD	0.5 mL	WCHD		12/2020
Janssen (JAN)	212	91303				IM	LD RD	0.5 mL	WCHD		02/2021

# COVID-19 Vaccine Recipient Questionnaire

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## Which dose are you receiving today?

- 1<sup>st</sup> Dose
- 2<sup>nd</sup> Dose

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## Which of the following best describes your ethnic group?

- Hispanic or Latino
- Non-Hispanic or Non-Latino
- Unknown or Prefer Not to Answer

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## Which of the following best describes your race? Check all that apply.

- Asian
- Black
- Native Hawaiian or Pacific Islander
- White
- American Indian or Alaska Native
- Other or Multiple Races
- Unknown or Prefer Not to Answer

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## Which vaccine eligibility group best describes you? **PLEASE SELECT ONLY ONE FROM BELOW.**

### **Frontline Healthcare Workforce**

- Frontline Health Care Personnel in an Acute Care Hospital Setting
- Healthcare Personnel in a Long-Term Care Facility
- Frontline Healthcare Personnel in a Psychiatric or Substance Abuse Hospital Setting
- Emergency Medical Service Personnel
- Frontline Public Health Personnel
- Laboratory Workers
- Pharmacists/Pharmacy Technicians
- Outpatient Healthcare Personnel (Includes all physical health, mental health, occupational, speech therapy, audiology, family planning, substance abuse treatment, dialysis, blood and organ bank, dental, optometry, podiatry, freestanding ambulatory surgical or emergency care, diagnostic imaging, and chiropractic facilities or offices)
- Home Healthcare Personnel
- Frontline Healthcare Volunteers (ex. POD/SERV NV)

### **Non-Occupational General Population – Vaccinated Concurrently with Occupational Groups**

- Resident of a Long-Term Care Facility
- Individuals Aged 70 Years and Older
- Individuals Aged 65-69 Years
- Individuals Aged 19-64 with the Following Underlying Health Condition:
  - Individuals with Cancer
  - Individuals with Chronic Kidney Disease
  - Individuals with Chronic Obstructive Pulmonary Disease (COPD), Pulmonary Fibrosis, and Other Chronic Lung Diseases
  - Individuals with Down Syndrome
  - Individuals with Serious Heart Conditions (Such as heart failure, coronary artery disease or cardiomyopathies)
  - Individuals with Immunocompromised State from Solid Organ Transplant
  - Individuals with Obesity (BMI 30 or higher)
  - Individuals who are Pregnant
  - Individuals with Sickle Cell Disease
  - Individual with Type 2 Diabetes Mellitus:
  - Individuals with Other Pre-Existing Conditions
- Individuals with Disabilities
- Individuals Experiencing Homelessness

## **Public Safety and Security**

- Nevada Department of Corrections/Juvenile Detention Personnel
- Frontline Law Enforcement Personnel/Public Safety Personnel (Includes police departments, sheriff's offices and NV Highway Patrol)
- Deployed and Mission Critical Personnel
- State Emergency Operations Center Personnel
- Other Frontline Public Safety Personnel

## **Frontline Community Support**

- Frontline Elementary or Secondary Education Personnel
- Childcare Personnel
- Frontline Higher Education Personnel/Postsecondary Education Personnel
- Frontline Community Support Personnel (Includes frontline workers who support food, shelter, court/legal and front-facing social services or other necessities of life for needy individuals/groups, COVID19 responders, and veterinarians and their staff)
- State and Local Frontline Government Personnel
- Essential Public Transportation Personnel (Includes local and state public transportation system, taxi and ride share services and other ground transport service workers)
- Remaining Essential Public Health Workforce
- Mortuary Services

## **Frontline Supply Chain and Logistics**

- Agriculture and Food Processing Personnel
- End to End Essential Goods Supply Chain Personnel (Includes manufacturing, warehouse, processing, packaging, storage, distribution, and shipping workers and human or pet food and beverage workers at pet stores, grocery stores, pharmacies, convenience stores, and retail customer or IT support necessary for online orders, pickup, and/or delivery)
- Utilities and Communication Workforce
- Nevada Department of Transportation Personnel/ Local Road Work Personnel (Includes CDL, street cleaning, snowplowing, district training, safety/loss control, and traffic incident or emergency road workers)
- Airport Operation Personnel (Includes workers who support air transportation for cargo and passengers, including operation, distribution, maintenance, and sanitation)
- Other Essential Transportation Personnel

## **Frontline Commerce and Service Industry**

- Food Service and Hospitality Workers (Includes restaurant, quick serve, carry-out, food delivery, and cafeteria workers and frontline casino and resort employees not in food service who have prolonged/sustained customer interaction)
- Hygiene Products and Services Workers (Includes workers who produce hygiene products or provide personal and household goods, repair, or maintenance or laundry, janitorial, pest control or other essential services required in home sanitization)
- Depository Credit Institution Workforce (Includes workers needed to provide, process, and maintain financial, insurance or lending systems, transactions and services)

## **Frontline Infrastructure**

- Shelter and Housing Construction Workers (Includes workers performing residential and commercial construction, inspection, permitting, plan review, HVAC, landscaping, electrical, plumbing, elevator/escalator service, contracting, and other service providers)
- Essential Mining Operation Workers

## **Other Essential Workforce**

- Community Support Administrative Staff (Includes state service office, administrative and other support staff who can and have been working from home)
- College/University Students Living in Campus-Sponsored Residential Settings
- Remaining NSHE Workforce