MRN

Screening Questionnaire for mRNA COVID Vaccine

CSN

NAME	DATE OF BIRTH	Phone number

If you answer 'YES" to questions 1-7 you likely should not be vaccinated today, if needed we will try and help you reschedule for a future date:

1. In the last 10 days, have you had any of the following symptoms: **Feeling feverish, had a temperature higher than 100°F (37.8°C), chills, cough, shortness of breath, sore throat, new loss of taste or smell, muscle aches, headache, nasal congestion, diarrhea, or taken fever reducing medication.**	☐ **Yes**	☐ **No**
2. In the last 14 days, have you been exposed to someone in the community, work, household, or anywhere else who was *newly* diagnosed with COVID-19?	☐ **Yes**	☐ **No**
3. In the last 14 days, have you been asked by the health department or a health professional to self-quarantine for an exposure to someone with COVID-19?	☐ **Yes**	☐ **No**
4. In the last 10 days, have you returned from international travel OR travel to/from a state with a NYS quarantine requirement (i.e., any state other than Connecticut, Massachusetts, New Jersey, Pennsylvania, or Vermont) and not yet completed the testing requirements?	☐ **Yes**	☐ **No**
5. In the last 10 days, have you tested positive for or been diagnosed with COVID-19?	☐ **Yes**	☐ **No**
6. Have you had ANY vaccine in the past 14 days, including flu vaccine? **If yes,** when did you receive the most recent vaccine? Date: ___/___/___	☐ **Yes**	☐ **No**
7. Have you been treated with antibody therapy (ex: regeneron, casirivimab and imdevimab) or convalescent plasma for COVID-19 in the past 90 days (3 months)? **If yes,** when did you receive the last dose? Date: ____/____/____	☐ **Yes**	☐ **No**

If you answer 'YES' to questions 8-12 you will likely still be able to get the vaccine today. Additional counseling will be provided:

8. Are you pregnant or considering becoming pregnant? *We know that people who are pregnant are at a high risk of getting very sick from COVID-19 infection. Experts from the CDC's Advisory Committee for Immunization Practices and from the American College of Obstetrics and Gynecologists (ACOG) recommend that pregnant individuals or those planning to become pregnant may choose to be vaccinated. Consider talking to your doctor first. Per ACOG, breastfeeding individuals may be offered the vaccine similar to non-breastfeeding individuals.*	☐ **Yes**	☐ **No**
9. Do you have cancer, leukemia, HIV/AIDS, a history of autoimmune disease, or any other condition that weakens the immune system OR do you take any medication that affects your immune system such as cortisone, prednisone, other steroids, anticancer drugs, medication for transplant patients, or have you had any radiation treatment? *There is currently no safety data about the COVID-19 vaccine in patients with compromised immune systems. It is possible that your immune system will not respond as much to the vaccine. This is not thought to be harmful for you but you may not get as much protection from the vaccine as other people. Consider talking to your doctor first.*	☐ **Yes**	☐ **No**
10. Do you have a bleeding disorder or are you taking a blood thinner?	☐ **Yes**	☐ **No**
11. Have you gotten a dose of the COVID-19 vaccine before?	☐ **Yes**	☐ **No**
12. Have YOU personally had anaphylaxis or severe allergy symptoms (ex: hives, flushing, swelling of any part of your face, trouble breathing or wheezing) to anything, ever. (If you are not sure please leave blank and someone will assist you) - This does NOT include minor reactions. This does NOT include reactions that occurred in a family member	☐ **Yes**	☐ **No**

My signature below serves to confirm all of the following for me or the person named above for whom I am authorized to provide surrogate consent.
-The answers to the above questions are accurate to the best of my ability.

-I authorize release of all information needed (including but not limited to medical records, copies of claims and itemized bills) to verify payment and as needed for other public health purposes, including reporting to applicable vaccine registries.

- I understand that vaccine supply is currently limited and, therefore, subject to strict prioritization in accordance with Centers for Disease Control and New York State Department of Health directives. With that understanding, and with the understanding that I will have to supply proof of my eligibility, I hereby certify under penalty of law that I belong to one of the below priority groups eligible for vaccination:

1. I am age 65 or older and I reside in New York State.

OR

2. I am a resident of New York and currently perform work in one of the below categories, either paid or unpaid, or I am a non-resident but perform such work in New York; and I am either required to have in-person contact with members of the public or with coworkers, or I am unable to work remotely:

- First Responder or Support Staff for First Responder Agency
  - Fire
    - State Fire Service, including firefighters and investigators (professional and volunteer)

        - Local Fire Service, including firefighters and investigators (professional and volunteer)
    - Police and Investigations
        - State Police, including Troopers
        - State Park Police, DEC Police, Forest Rangers
        - SUNY Police
        - Sheriffs' Offices
        - County Police Departments and Police Districts
        - City, Town, and Village Police Departments
        - Transit of other Public Authority Police Departments
        - State Field Investigations, including DMV, SCOC, Justice Center, DFS, IG, Tax, OCFS, SLA
    - Public Safety Communications
        - Emergency Communication and PSAP Personnel, including dispatchers and technicians
    - Other Sworn and Civilian Personnel
        - Court Officer
        - Other Police or Peace Officer
        - Support or Civilian Staff for Any of the Above Services, Agencies, or Facilities
- Corrections
    - State DOCCS Personnel, including correction and parole officers
    - Local Correctional Facilities, including correction officers
    - Local Probation Departments, including probation officers
    - State Juvenile Detention and Rehabilitation Facilities
    - Local Juvenile Detention and Rehabilitation Facilities
- P-12 Schools
    - P-12 school (public or non-public) or school district faculty or staff (includes all teachers, substitute teachers, student teachers, school administrators, paraprofessional staff, and support staff including bus drivers)
    - Contractor working in a P-12 school or school district (including contracted bus drivers)
    - Licensed, registered, approved or legally exempt group childcare
- In-person college faculty and instructors
- Employees or Support Staff of licensed, registered, approved or legally exempt group Childcare Setting
- Licensed, registered, approved or legally exempt group Childcare Provider
- Public Transit
    - Airline and airport employee
    - Passenger railroad employee
    - Subway and mass transit employee (i.e., MTA, LIRR, Metro North, NYC Transit, Upstate transit)
    - Ferry employee
    - Port Authority employee
    - Public bus employee
- Public facing grocery store workers, including convenience store and bodega workers
- Individual living in a homeless shelter where sleeping, bathing or eating accommodations must be shared with individuals and families who are not part of your household
- Individual working (paid or unpaid) in a homeless shelter where sleeping, bathing or eating accommodations must be shared by individuals and families who are not part of the same household, in a position where there is potential for interaction with shelter residents
- High-risk hospital and FQHC staff, including OMH psychiatric centers.
- Health care or other high-risk essential staff who come into contact with residents/patients working in LTCFs and long-term, congregate settings overseen by OPWDD, OMH, OCFS, OTDA and OASAS, and residents in congregate living situations, overseen or funded by the OPWDD, OMH, OCFS, OTDA and OASAS.
- Certified NYS EMS provider, including but not limited to Certified First Responder, Emergency Medical Technician, Advanced Emergency Medical Technician, Emergency Medical Technician – Critical Care, Paramedic, Ambulance Emergency Vehicle Operator, or Non-Certified Ambulance Assistant.
- County Coroner or Medical Examiner, or employer or contractor thereof who is exposed to infectious material or bodily fluids.
- Licensed funeral director, or owner, operator, employee, or contractor of a funeral firm licensed and registered in New York State, who is exposed to infectious material or bodily fluids.
- Staff of urgent care provider.
- Staff who administer COVID-19 vaccine.
- All Outpatient/Ambulatory front-line, high-risk health care workers of any age who provide direct in-person patient care, or other staff in a position in which they have direct contact with patients (i.e., intake staff).
- All front-line, high-risk public health workers who have direct contact with patients, including those conducting COVID-19 tests, handling COVID-19 specimens and COVID-19 vaccinations.
- Home care workers and aides, hospice workers, personal care aides, and consumer-directed personal care workers.

- Staff and residents of nursing homes, skilled nursing facilities, and adult care facilities.
- Restaurant Worker
- Restaurant Delivery Worker
- For-Hire Vehicle Drivers

OR

3. I am a resident of New York and I have one of the following comorbidities or underlying conditions, as documented or diagnosed by my health care provider:
    - Cancer (current or in remission, including 9/11-related cancers)
    - Chronic kidney disease
    - Pulmonary Disease, including but not limited to, COPD (chronic obstructive pulmonary disease), asthma (moderate-to-severe), pulmonary fibrosis, cystic fibrosis, and 9/11 related pulmonary diseases
    - Intellectual and Developmental Disabilities including Down Syndrome
    - Heart conditions, including but not limited to heart failure, coronary artery disease, cardiomyopathies, or hypertension (high blood pressure)
    - Immunocompromised state (weakened immune system) including but not limited to solid organ transplant or from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, use of other immune weakening medicines, or other causes
    - Severe Obesity (BMI 40 kg/m2), Obesity (body mass index [BMI] of 30 kg/m2 or higher but < 40 kg/m2)
    - Pregnancy
    - Sickle cell disease or Thalassemia
    - Type 1 or 2 diabetes mellitus
    - Cerebrovascular disease (affects blood vessels and blood supply to the brain)
    - Neurologic conditions including but not limited to Alzheimer's Disease or dementia
    - Liver disease

OR

4. The person for whom I am submitting this certification is a resident or patient of one of the following:
    - Nursing home regulated by the NYS Department of Health (DOH).
    - Residential program or hospital certified or operated by the NYS Office of Mental Health (OMH), Office for People With Developmental Disabilities (OPWDD), Office of Children and Family Services (OCFS) or Office of Addiction Services and Supports (OASAS).

- I have read the list of vaccination priority groups above. I hereby certify under penalty of law that I am a member of a priority group eligible for vaccination. I agree that by typing my name below, I am hereby affixing my electronic signature as if I had physically signed this certification.

-I consent to being vaccinated with a COVID-19 vaccine today

Recipient Signature (or surrogate/guardian)	Date/Time	Print Name	Relationship to Patient (if applicable)
Interpreter Signature (Telephonic Interpreter's ID #)	Date/Time	Print Name	

New York City Certification of Eligibility for COVID-19 Vaccine
Due to Medical Condition

New Yorkers ages 16 and older with the following conditions are eligible for the COVID-19 vaccine, as documented or diagnosed by their health care provider:

- Cancer (current or in remission, including 9/11-related cancers)
- Chronic kidney disease
- Pulmonary disease, including but not limited to, COPD (chronic obstructive pulmonary disease), asthma (moderate-to-severe), pulmonary fibrosis, cystic fibrosis and 9/11- related pulmonary diseases
- Intellectual and developmental disabilities including Down syndrome
- Heart conditions, including but not limited to heart failure, coronary artery disease, cardiomyopathies or hypertension (high blood pressure)
- Immunocompromised state (weakened immune system) including but not limited to solid organ transplant or from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, use of other immune weakening medicines or other causes
- Severe obesity (body mass index of 40 kg/m2 or higher) or obesity (body mass index between 30 kg/m2 and 40 kg/m2)
- Pregnancy
- Sickle cell disease or thalassemia
- Type 1 or 2 diabetes mellitus
- Cerebrovascular disease (affects blood vessels and blood supply to the brain)
- Neurologic conditions including but not limited to Alzheimer's disease or dementia
- Liver disease

I hereby certify that I have one or more of the medical conditions listed above as documented or diagnosed by my health care provider and that, to the best of my knowledge, the information upon which this certification is based is true and accurate, under penalty of law.

_____ _____ _____
Print name Signature Date

If vaccine recipient is 16 to 17 years old or otherwise unable to certify:

_____ _____ _____
Print name of Guardian Signature of Guardian Date