

### COVID-19 Immunization Screening and Consent Form\*\*

Recipient Name (please print) Devat Karetha		Preferred Name DK	
DOB 04 15 1993	Current Gender ID Indicate ID Below: Click here to choose	<b>Key:</b> W - Woman/Girl TW - Transgender Woman/Girl M - Man/Boy TM - Transgender Man/Boy NB - Non-Binary Person GNC - Gender Non-Conforming Q - Not Sure/Questioning NR - Chose not to Respond GNL - Gender not Listed (write-in) * Gender Pronouns: write-in by client's name	
Sex Assigned at Birth Indicate Sex Below: M M - Male F - Female I - Intersex NR - Chose not to Respond SNL - Sexual Orientation not Listed (write-in)		Marital Status Indicate Status Below: S <b>Key:</b> S - Single D - Divorced M - Married W - Widowed V - Civil Union U - Unknown SEPARATED - Legally Separated PARTNER - Life Partner	
Address 123 FX Gully	City Ahmedabad	State Gujarat	Zip 380001
Email Address devat@doral.com			
Parent/Guardian/ Surrogate (if applicable, please print) Bhikhabhai		Phone +1 (546) 797-8878	Preferred Language English
Ethnicity Indicate Ethnicity Below: HIS DECL - Declined <b>Et Ethnicity Key:</b> HIHIS - Hispanic Origin NHNHL - Non-Hispanic Origin UNUNK - Unknown		Race Indicate Race Below: NHPAIA - Native American or Alaska Native DECL - Declined NHP - Native Hawaiian or Pacific Islander WHT - White OTH - Other or Multiracial <b>Race Key:</b> BAA - Black or African American WHA - White NHP - Native Hawaiian or Pacific Islander OTH - Other or Multiracial	
Primary Insurance Name nitesh	Primary Insurance ID# hdhdhd	Subscriber Name/DOB aditi	Subscriber Relation to Patient
Primary Insurance Address	Primary Insurance Group #	Primary Insurance Phone #	
Secondary Insurance Name	Secondary Insurance ID#	Subscriber Name/DOB	Subscriber Relation to Patient
Secondary Insurance Address	Secondary Insurance Group #	Secondary Insurance Phone #	
Clinic/Office Site Where Vaccine is Administered		Primary Care Physician Address/Phone Number	

#### Screening Questionnaire

1.	Are you feeling sick today?	Yes	? No	
2.	In the last 10 days, have you had a COVID-19 test because you had symptoms and are still awaiting your test results or been told by a health care provider or health department to isolate or quarantine at home due to COVID-19 infection, exposure or travel?	? Yes	? No	? Unknown
3.	Have you been treated with antibody therapy 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	? Unknown
4.	Have you ever had an immediate allergic reaction (e.g., hives, facial swelling, difficulty breathing, anaphylaxis) to any vaccine, injection, or shot or to any component of the COVID-19 vaccine, or a severe allergic reaction (anaphylaxis) to anything?	? Yes	? No	? Unknown
5.	you had any vaccines in the past 14 days (2 weeks) including flu shot? If yes, how long ago was your most recent vaccine? Date: _____	Yes	No	Unknown
6.	Are you pregnant or considering becoming pregnant?	Yes	No	Unknown

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7.	Do you have cancer, leukemia, HIV/AIDS, a history of autoimmune disease or any other condition that weakens the immune system?	Yes	No	Unknown
8.	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?	Yes	No	Unknown
9.	Do you have a bleeding disorder or are you taking a blood thinner?	Yes	No	Unknown
10.	Have you received a previous dose of the COVID-19 vaccine? If yes, which vaccine?	Moderna Pfizer	No	Date: _____ (if applicable)

#### Emergency Use Authorization

The FDA has made the COVID-19 vaccine available under an emergency use authorization (EUA). The EUA is used when circumstances exist to justify the emergency use of drugs and biological products during an emergency, such as the COVID-19 pandemic. This vaccine has not undergone the same type of review as an FDA-approved or cleared product. However, the FDA's decision to make the vaccine available is based on the totality of scientific evidence available, showing that known and potential benefits of the vaccine outweigh the known and potential risks.

#### Consent

I have read, or had explained to me, the information sheet about the COVID-19 vaccination. I understand that if my vaccine requires two doses, I will need to be administered (given) two doses of this vaccine in order for it to be effective. I have had a chance to ask questions