



915 E. 1st Street  
Duluth, MN 55805-2193

Patient Label

## Comirnaty (COVID-19 Vaccine, mRNA) and Pfizer-BioNTech COVID-19 Vaccine Screening & Agreement

<b>Information about person to receive vaccine (Please PRINT)</b>					
NAME: Last		First		Middle Initial	___ St. Luke's Employee ___ (UserID)
<b>Age (12+ Only)</b>	Date of Birth	Home/Cell Phone	Work Phone	Email	
Address			City	State	Zip Code

X\_\_\_\_\_ (initial) **I attest that I am eligible to receive the COVID-19 vaccine under current MDH guidelines.**

This is my **FIRST DOSE, SECOND DOSE, THIRD DOSE, or BOOSTER** of this Covid-19 Vaccine (**circle one**)

Yes	No	Have you had a severe allergic reaction to this vaccine or any component of this vaccine (including polyethylene glycol or PEG)?
Yes	No	Have you had an allergic reaction of any severity to polysorbate?
Yes	No	Have you ever had a serious reaction after receiving any other vaccination or any injection?
Yes	No	Do you feel sick today or have a fever (100.4 or higher)?
Yes	No	In the past 90 days, have you received monoclonal antibodies or convalescent plasma for COVID-19?
Yes	No	Do you have a bleeding disorder or are you on a blood thinner?
Yes	No	Are you immunocompromised or are you on a medicine that affects your immune system?
Yes	No	Are you pregnant or planning on becoming pregnant?
Yes	No	Are you breastfeeding?
Yes	No	Have you received a different COVID-19 vaccine (other than Comirnaty (COVID-19 Vaccine, mRNA) or Pfizer-BioNTech COVID-19 Vaccine)?

"I have been given a copy and have read or have had explained to me the Vaccine Information Fact Sheet about the disease and Comirnaty (COVID-19 Vaccine, mRNA) and Pfizer-BioNTech COVID-19 Vaccine. I have had a chance to ask questions, which were answered to my satisfaction. I believe I understand the benefits and risks of the indicated vaccine and ask that the vaccine be given to me."

X\_\_\_\_\_ Date\_\_\_\_\_ Time\_\_\_\_\_

Signature of patient or authorized representative

\_\_\_\_\_  
Printed name of authorized representative/relationship to patient

**BELOW SECTION FOR STAFF USE ONLY**

X\_\_\_\_\_ Date\_\_\_\_\_ Time\_\_\_\_\_

Signature of staff member reviewing form

**VACCINATOR DOWNTIME RECORD:**

Vaccine	Dose	Route	Site (Circle One)	Lot Number	Expiration Date	Information Sheet Given to Patient
<b>Comirnaty (COVID-19 Vaccine, mRNA) aka Pfizer-BioNTech COVID-19 Vaccine</b>	0.3 mL	IM	R Deltoid L Deltoid			<input type="checkbox"/> YES

X\_\_\_\_\_ Date/Time\_\_\_\_\_

Signature & Title of Person Administering Vaccine

**\*\*For ALL St. Luke's Employees Enter Vaccine into OHM: ENTERED Initials:\_\_\_\_\_ Circle Here**

