IMMUNIZATION & TRAVEL CLINIC
SF DEPARTMENT OF PUBLIC HEALTH

COVID Vaccine Screening Form

101 Grove St, Room 102, San Francisco, CA 94102
(415) 554-2625 www.TravelClinicSF.org

(PLEASE PRINT)
NAME: (FIRST)_____ (LAST)_____

☐ I have a different legal name _____

BIRTHDATE: _____/_____/_____
MM DD YYYY

PLEASE ANSWER ALL QUESTIONS BELOW	Yes	No	N/A
1. I am here for the **Moderna COVID-19 Vaccine, Bivalent** vaccine and I am between 6—11 yrs of age **Age: _____**			
2. I am here for the **Moderna COVID-19 Vaccine, Bivalent** vaccine and I am at least 12yrs of age **Age: _____**			
3. I can provide proof of COVID-19 vaccination history. Including brand and date received			
4. Are you currently sick? (i.e. fever > 38.0C (100.4F) or are moderate/severely ill)			
5. Do you have a health condition that makes you moderately or severely immunocompromised? (i.e. active cancer, advanced/untreated HIV, treatment with high dose corticosteroids, solid organ transplant)			
6. Have you ever had an allergic reaction to a previous dose of the COVID-19 vaccine?			
7. Have you ever had an allergic reaction to polyethylene glycol (found in laxative and preparations for colonoscopy)?			
8. Have you ever had an allergic reaction to polysorbate (found in some laxatives)?			
9. Do you have a history of myocarditis or pericarditis from receipt of a COVID-19 vaccine?			
10. Do you have a history of a clotting disorder (i.e. Heparin indued thrombocytopenia or thrombosis with thrombocytopenia syndrome)?			
11. Have you had a COVID-19 infection and then developed Multi-system Inflammatory Syndrome (MIS-C or MIS-A)?			
12. Do you have a history of Guillain-Barre Syndrome (GBS)?			
13. Have you ever had an allergic reaction to another vaccine (other than COVID-19) or an injectable medication?			

STAFF USE ONLY

Vaccine Given: ○ MODERNA—6-11yrs old 0.25 mL / dose ○ MODERNA—12yrs and above 0.5 mL / dose	LOT: SITE:	CLINICIAN SIGNATURE: Date:

Updated: November 16, 2022

Moderna COVID-19 Vaccine, Bivalent Components

SPIKEVAX (COVID-19 Vaccine, mRNA), Moderna COVID-19 Vaccine, and Moderna COVID-19 Vaccine, Bivalent contain the following ingredients: messenger ribonucleic acid (mRNA), lipids (SM-102, polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG], cholesterol, and 1,2-distearoyl-sn-glycero-3-phosphocholine [DSPC]), tromethamine, tromethamine hydrochloride, acetic acid, sodium acetate trihydrate, and sucrose.

SUMMARY DPH NOTICE OF PRIVACY PRACTICES

The attached Notice describes how health information about you may be used and disclosed in the DPH and your rights regarding the use of that information. **Please review this summary and the full Notice carefully.**

DPH Pledge: Employees of the San Francisco Department of Public Health (DPH), its affiliates and contract providers understand that information about you and your health is personal. They are committed to protecting your health information.

Who will follow the rules in this notice: All DPH and contract provider employees, DPH affiliates, as well as staff assigned to DPH by the University of California at San Francisco, must follow these rules.

You have the right to: (please see possible restrictions starting on page 2 in the full Notice)

- Ask to see, read and/or obtain a copy of your health record (charges may be necessary).
- Ask to correct information that you believe is wrong in your health record.
- Ask that your health information not be shared with certain individuals.
- Ask that your health information not be used for certain purposes; for example, research.
- Ask DPH to send copies of your health record to whomever you wish (charges may be necessary).
- Be informed about who has read your record (for reasons other than treatment, payment, and program improvement)
- Specify where and how DPH employees may contact you.
- Receive a paper copy of the full DPH Notice of Privacy Practices.

DPH may use and disclose your health information to improve your treatment.

- To improve the quality of care you receive, your health information may be shared between treatment providers – including health information regarding mental health, substance abuse, HIV/AIDS, sexually transmitted diseases (STD), and developmental disabilities.
- There are circumstances when health information about you will not be shared unless you first give your permission for it to be shared; such as when you receive services in a substance abuse treatment agency.
- See Page 4 in the "Notice of Privacy Practices" for more info. If you have concerns about how your health information might be (or has been) shared, please speak with your provider or call the DPH Privacy Officer at (415) 206-2354.

If you believe your privacy rights have NOT been maintained while receiving DPH services, you may file a complaint with the DPH Privacy Officer at (415) 206-2354. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services' Office of Civil Rights, Attn: Regional Manager, 50 United Nations Plaza, Rm. 322, SF, CA 94103. You will not be penalized in any way for filing a complaint.

Notice Regarding Unsecure Data Transmission by Email: DPH email does not provide secure data transmission as defined by HIPAA. Therefore DPH email transmission may not be secure against unauthorized disclosure.

By your signature on the reverse side of this page, you:

- Acknowledge receipt of the San Francisco Department of Public Health "Notice of Privacy Practices." .
- Acknowledge that DPH email may not be secure against unauthorized disclosure, and agree that DPH may send your health information to you via unsecure email, but only upon your specific request to receive such information by email.
- Agree that if the DPH services you received at AITC are to be billed to a third party, then your name, the services to be paid by the third party, and other info necessary to complete the billing, may be disclosed to the third party payor.