

COVID Vaccination Shot Clinic

In partnership with:

Aina Haina Elementary School

No charge, no copay! Appointment preferred but not needed!

- Vaccine: Pfizer for those 5 through 11 years old.
- Bring valid photo identification.
- If you have medical insurance, please bring your insurance card with you.
- Uninsured participants also welcome.
- Please wear a mask.

Date: [Friday, February 11, 2022](#)

Time: 2:30 p.m. to 5:30 p.m.



Location: Aina Haina Elementary School

801 West Hind Dr.

Honolulu, HI 96821



To make an appointment, click on the date or scan the QR code above. For more information, call **808-432-2260**.

Pre-vaccination Assessment and Consent: COVID-19 Vaccine

Individuals should be given the Emergency Use Authorization (EUA) Fact Sheet for Recipients and Caregivers before vaccination.

Last Name, First Name (PRINT)	Today's Date:	Medical Record Number (MRN):
Date of Birth: _____/_____/_____	Age:	Race/Ethnicity:
Which Vaccine Brand do you want today? Pfizer Moderna *J&J	Date of 1 st dose _____ Brand: Pfizer Moderna J&J	
Which dose will you be receiving today? 1 st 2 nd 3 rd	Date of 2 nd dose _____ Brand: Pfizer Moderna J&J	
4 th (For immunocompromised patients only, and must be at least 6 months after 3 rd dose)	Immunocompromised patients ONLY: Date of 3 rd dose _____ Brand: Pfizer Moderna	
1. Have you had anaphylaxis or an immediate reaction to a previous dose of any COVID-19 vaccine?	Yes	No
2. Do you have a history of anaphylaxis or immediate allergy to polyethylene glycol (PEG) polysorbate, or tromethamine? **	Yes	No
3. Do you have a history of anaphylaxis or immediate allergy to a vaccine, any component of a vaccine, any medications, any food, any stings or do you carry an Epi-Pen for any reason?	Yes	No
4. Do you have a fever ($\geq 100.4^{\circ}\text{F}$) or are you currently experiencing a COVID-19 infection, or are you under quarantine for an actual or potential COVID-19 exposure?	Yes	No
5. Have you received monoclonal antibody for a COVID-19 infection within the last 90 days?	Yes	No
6. Do you have a history of any of the following cancers: breast, head/neck, melanoma of upper body?	Yes	No
7. Do you have any screening tests for cancer scheduled in the next 6 weeks such as a mammogram or chest CT?	Yes	No
8. *For J&J ONLY : Do you have a history of blood clots or thrombosis with thrombocytopenia syndrome after receiving the J&J vaccine?	Yes	No
9. For Pfizer and Moderna ONLY : Did you have myocarditis (heart muscle inflammation) or pericarditis (inflammation of tissue surrounding the heart) after any dose of Pfizer or Moderna?	Yes	No
10. Attestation for 3rd dose / Booster : Are you receiving a 3 rd dose OR booster today? If yes, please check off which reason why.	Yes	No
<input type="checkbox"/> Severely Immune Compromised (3 rd dose)	<input type="checkbox"/> Booster Dose (12 years and older)	
If you have any additional questions, please talk with your physician or healthcare provider before receiving the COVID-19 vaccine.		
I consent to health evaluations, administration and monitoring necessary for immunization for COVID-19 as ordered or provided by doctors, nurses, assistants, or other staff employed or contracted by Kaiser Permanente Health Plan Inc, Kaiser Foundation Hospital or Hawaii Permanente Medical Group. I also consent to any necessary treatment, whether diagnostic or therapeutic, should I have an adverse reaction to the vaccine. I acknowledge receipt of the Emergency Use Authorization Fact Sheet and my questions, if any, have been answered.		
Signature _____ (circle one) SELF / PARENT / GUARDIAN		
FOR CLINIC USE ONLY		
<input type="checkbox"/> Cleared: assessment done and no valid contraindications	<input type="checkbox"/> Not cleared: patient referred to provider	
X _____	Date: _____ / _____ / _____	
Staff Name: <input type="checkbox"/> RN <input type="checkbox"/> Practitioner	MM	DD
Vaccine Administration Documentation		
Name/Title (PRINT): _____	Time: _____ AM/PM	Deltoid Site: Right or Left

** "PEG Polyethylene glycol (PEG) is a common, water-soluble ingredient in a wide variety of commercial products including some vaccines and medications. It is the primary ingredient in many colonoscopy preparations (Golytely) and constipation treatment (Miralax) along with IV medications such as PEGylated medications. It is also in ultrasound gel and injectable steroid injections such as methylprednisolone acetate. Reactions to polyethylene glycol are rare but anaphylaxis has been reported."

Definition of Anaphylaxis:

Anaphylaxis (say "ann-uh-fuh-LAK-suss") is a severe allergic reaction that affects the entire body (systemic). It can occur within a few seconds or minutes after a person is exposed to a substance (allergen or antigen).

Symptoms and signs of a severe allergic reaction may include:

- Itching
- Raised, red bumps on the skin (hives or wheals)
- Wheezing or difficulty breathing
- Rapid swelling, either in one area or over the entire body. Swelling is most serious when it involves the lips, tongue, mouth, or throat and interferes with breathing
- Belly pain or cramps
- Nausea or vomiting
- Low blood pressure, shock, and unconsciousness

The sooner symptoms occur after exposure to the substance, the more severe the anaphylactic reaction is likely to be. An anaphylactic reaction may occur with the first exposure to an allergen, with every exposure, or after several exposures. An anaphylactic reaction can be life-threatening and is a medical emergency. Emergency care is always needed for an anaphylactic reaction.

Additional considerations from the Centers for Disease Control and Prevention (CDC):

Recent warning about rare blood clotting syndromes, especially for women under 50 years of age:

- Rare blood clotting syndromes have been observed in the 1-2 weeks following J&J/Janssen COVID-19 vaccination, mostly in women aged 18 to 49. This is characterized by severe or persistent headaches or blurred vision, shortness of breath, chest pain, leg swelling, persistent abdominal pain, and easy bruising or tiny blood spots under the skin beyond the site of the injection. If you experience any of these symptoms, contact your doctor right away.
- If you have a history of blood clots that are not immune-related or are taking certain medications such as birth control or hormones that are associated with blood clots, you can receive the J&J/Janssen COVID-19 Vaccine.
- If you have a history of immune-related blood clots, such as heparin-induced thrombocytopenia, then consult with your doctor.
- At this time, women aged <50 years can receive any FDA-authorized COVID-19 vaccine, including the Pfizer-BioNTech and Moderna mRNA COVID-19 Vaccines.

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Author: Healthwise Staff

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