

## Vaccine Sign-up Assist Form

This form was created as a guide for documentation of conversations related to vaccine sign-ups.

Vaccination Locations in my Area  
(Include phone #s, webpages, criteria)

Health Dept:

Pharmacies:

Health Systems:

VA:

Programs for homebound:

Other:

Transportation Resources:

If the client is unable to schedule their own appointment or they are without a trusted friend or family member to help, assistance can be offered.  
Any questions regarding vaccine prior to assistance scheduling? (have most recent FAQ available)

Complete Screening Form on Page 2

### Helpful References:

CDC Screening Form <https://www.cdc.gov/vaccines/covid-19/downloads/pre-vaccination-screening-form.pdf>

CDC FAQs <https://www.cdc.gov/coronavirus/2019-ncov/faq.html>

Local Eligibility Reference [https://www.michigan.gov/documents/coronavirus/MI\\_COVID-19\\_Vaccination\\_Prioritization\\_Guidance\\_2152021\\_716344\\_7.pdf](https://www.michigan.gov/documents/coronavirus/MI_COVID-19_Vaccination_Prioritization_Guidance_2152021_716344_7.pdf)

Topic	Reason	Note / Outcome:
Documented Phone permission to collect information and to share HIPAA information with vaccinating agencies if necessary	You may need to collect information to assist with signing up for appointment waitlists or time slots. <b>Education:</b> Remind client that no one should be asking them for payment for assistance getting an appointment.	Phone consent Obtained Date: Time:
Full Legal Name:		
Phone #:	Address:	DOB:
Email:		Age:
Eligibility Questions	To make sure they qualify for vaccination	
Vaccine providers will ask you several questions about your medical history to make sure that you can safely receive the vaccine. Here are a few questions that might help with scheduling your vaccine:		
Have you had any vaccines within the last 14 days or do you have any appointments scheduled for vaccinations?	<b>Education:</b> Must wait 14 days after any vaccinations for a covid vaccination.	<input type="checkbox"/> Yes Date:
Do you have history of a severe reaction to a medication causing difficulty breathing or requiring medication or treatment in an ER?	Allergies to ingredients of MRNA vaccine are contraindications. <b>Education:</b> Patients with anaphylaxis may need to have a 30 min vs 15 min observation period.	
Have you had COVID?	Some States want you to wait 90 days. Passive Antibody therapies to treat COVID-19 requires 90 day wait prior to vaccination. Check local guidance.	<input type="checkbox"/> Yes Date:
PMHX: Are there any other health conditions that you have that you worry about?	Specifically, any immunocompromising conditions (ie. Cancer) – <b>Education:</b> they should speak with physician first prior to scheduling.	
Scheduling Questions		
Special Population: <input type="checkbox"/> Veteran? <input type="checkbox"/> Where do you receive primary care? <input type="checkbox"/> Have you already signed up somewhere for an appointment? Or are you on a waitlist?	May be able to make appointments in certain places because of status (ie. Vets at VA).  Primary Care may offer appoints  To Avoid any Duplications	
Any other special information I should know?		
Do you have any transportation needs? Or any other barriers for getting to an appointment?		
Next Step: The FCN will try to find a way to sign up for an appointment and will provide feedback to client on any attempts made or any successes		
Follow up Notes:	<p style="text-align: center;"><b>Helpful Reminders:</b></p> <ul style="list-style-type: none"> <li>-According to the CDC, no need to pre-medicate</li> <li>-Wear a short sleeve shirt or tank top</li> <li>-If you have Covid Symptoms prior to appt., cancel and consider testing</li> <li>-Continue all precautions even after being fully vaccinated</li> </ul>	