## Owl Drug Pharmacy COVID Vaccine Screening and Consent Form

City:			
Are you younger than 18 years of age?  In the past 2-14 days, have you experienced fever or chills, cough, shortness of breath, fatigue, muscle/body aches, headache, new loss of taste of smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea?  In the past 2-14 days, are you aware of being exposed to someone who tested positive for COVID-19 while not wearing a mask, proper PPE, or socially distanced?  Have you had immune globulin or a blood transfusion in the past 90 days?  Have you had immune globulin or a blood transfusion in the past 90 days?  Have you presulsy tested positive for COVID-19?  If so, when?  Have you presulsy that a first dose of COVID-19 vaccine?  Have you presulty had a first dose of COVID-19 vaccine, medication, medical test, or food that required medical care?  Are you pregnant or planning to get pregnant in the next three (3) months?  Are you currently breastfeeding?  Are you immunocompromised or receiving immunosuppressant therapy?  Are you 5 years of age or older?  St any diseases you have been diagnosed with:  o you have any of the following conditions? Check all that apply:  Cancer Chronic Kidney Disease COPD Heart Conditions Solid Organ Transplantation Obesity (BMI of 30 or Higher) Pregnancy Sickle Cell Disease Type 2 Diabetes Mellitus st any prescriptions and/or over the counter medications you take routinely:  st any drug allergies:  st any drug allergies:  It have READ THE INFORMATION ABOUT COVID-19 AND THE MODERNA COVID 19 VACCINE. I HAVE HAD A CHANCE TO UESTIONS THAT WERE ANSWERED TO MY SATISFACTION. I BELIEVE I UNDERSTAND THAT IT IS RECOMMENDED THAT I STAY OCATION 15 MINUTES FOLLOWING THE INJECTION. I UNDERSTAND A DRUG FACT SHEET FOR THE MODERNA COVID-19 ACCINE IT SAVAILABLE AT http://www.modernatx.com/covid19vaccine-eua/eua-fact-sheet-recipierits.pdf .	itle? (doctor, nurse, etc):		-
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