

Consentimiento para la vacuna contra el COVID-19 conforme a la autorización de uso de emergencia

Raincross Medical Group, Inc.

INFORMACIÓN DEMOGRÁFICA DEL PACIENTE

*Apellido:	*Nombre:	Inicial del segundo nombre:	
*Fecha de nacimiento / /	*Sexo: Masculino <input type="checkbox"/> Femenino <input type="checkbox"/> Transgénero <input type="checkbox"/> Otro <input type="checkbox"/>		
*Raza Blanco <input type="checkbox"/> Negro <input type="checkbox"/> Asiático <input type="checkbox"/> Isleño del Pacífico <input type="checkbox"/> Indio Americano/Nativo de Alaska <input type="checkbox"/> No se especifica ninguno <input type="checkbox"/> Se negó a contestar <input type="checkbox"/>	Etnicidad hispana: Sí <input type="checkbox"/> No <input type="checkbox"/> Desconocido <input type="checkbox"/> Se negó a contestar <input type="checkbox"/>		
Dirección:		Ciudad:	
Estado: Código postal:	Teléfono de la casa:	Teléfono celular:	
Correo electrónico:	Le gustaría un recordatorio para la siguiente cita	Sí <input type="checkbox"/> o No <input type="checkbox"/>	tarjeta postal/llamada/mensaje de texto
Seguro médico privado o de empleador <input type="checkbox"/>	Con seguro insuficiente <input type="checkbox"/>	Sin seguro médico <input type="checkbox"/>	Medicaid <input type="checkbox"/>

HISTORIAL DE SALUD

	<u>SÍ</u>	<u>NO</u>	<u>DESCONOCIDO</u>
1. ¿Se siente mal/enfermo el día de hoy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ¿Alguna vez tuvo una reacción alérgica grave a algo (por ej., anafilaxia)? ¿Por ejemplo, una reacción para la que recibió tratamiento con epinefrina o EpiPen o que requirió que fuera al hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ¿Alguna vez tuvo una reacción grave después de una vacuna o un medicamento inyectable, incluyendo una dosis anterior de la vacuna contra el COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ¿En los últimos 14 días, ha tenido contacto con un paciente con un diagnóstico confirmado de COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. ¿Está amamantando o embarazada?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. ¿Ha recibido terapia pasiva con anticuerpos como tratamiento para el COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. ¿Está inmunodeficiente? (<i>Toma medicamentos o recibe tratamiento contra el cáncer, la leucemia, el VIH/SIDA u otros problemas del sistema inmunitario o toma medicamentos que afecten su sistema inmunitario</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. ¿Tiene un trastorno hemorrágico o toma anticoagulantes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. ¿Alguna vez ha recibido una dosis de la vacuna contra el COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FAVOR DE ESCRIBIR EL NOMBRE CON LETRA DE MOLDE de la firma a continuación		
FIRMA DEL PACIENTE	RELACIÓN CON EL CLIENTE	FECHA DE HOY

COVID-19 Vaccination Consent under Emergency Use Authorization

For Clinic Use only

Manufacturer	Brand	Lot number
Dose number 1 <input type="checkbox"/> or 2 <input type="checkbox"/>	*Exp. Date: ___/___/___	*Date Administered: ___/___/___
*EUA fact sheet date: ___/___/___	*EUA fact sheet given date: ___/___/___	Injection Site (Deltoid) L <input type="checkbox"/> R <input type="checkbox"/>
		Vaccine Dose _____
*Administered by Name & Title :		
*Agency: Raincross Medical Group, Inc.		
*Agency Address: 4646 Brockton Avenue, Riverside, CA 92506		
*Clinic administration address: 4646 Brockton Avenue, Riverside, CA 92506		

Information for healthcare Professionals about the health history for COVID-19 vaccines

Are you feeling sick today? There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. However, as a precaution with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. Mild illnesses (e.g., upper respiratory infections, diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics. Vaccination of persons with current SARS-CoV-2 infection should be deferred until the person has recovered from acute illness and they can discontinue isolation. While there is no minimum interval between infection and vaccination, current evidence suggests reinfection is uncommon in the 90 days after initial infection. Persons with documented acute SARSCoV-2 infection in the preceding 90 days may delay vaccination until near the end of this period, if desired.

Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something? For example, a reaction for which you were treated with epinephrine or EpiPen®, or for which you had to go to the hospital? Allergic reactions, including severe allergic reactions, NOT related to vaccines or injectable therapies (e.g., food, pet, venom, environmental, or latex allergies; oral medications) are NOT a contraindication or precaution to vaccination with currently authorized COVID-19 vaccine. HOWEVER, individuals who have had severe allergic reactions to something, regardless of cause, should be observed for 30 minutes after vaccination. All other persons should be observed for 15 minutes.

Have you ever had a serious reaction after any vaccination or injectable medication including a previous dose of the COVID-19 vaccine? History of severe allergic reaction (e.g., anaphylaxis) to a previous dose or component of the COVID-19 vaccine product being offered is a contraindication to that COVID-19 vaccine

In the past 14 days have you had contact with a confirmed COVID-19 patient? Wait until 14 days after quarantine period ends if the contact was in an outpatient or community setting. If person is a resident in a congregate healthcare or other congregate setting go ahead and vaccinate

Are you breastfeeding or pregnant? Is not a contraindication to current COVID-19 vaccination. While there are currently no available data on the safety of COVID-19 vaccines in pregnant people, studies and results are expected soon. Pregnant people may choose to get vaccinated. Observational data demonstrate that while the absolute risk is low, pregnant people with COVID-19 have an increased risk of severe illness. Breastfeeding is not a contraindication to current COVID-19 vaccine. Lactating people may choose to be vaccinated. There is no data available for lactating people on the effects of mRNA vaccines.

Have you received passive antibody therapy as a treatment for COVID-19? Based on the estimated half-life of monoclonal antibodies or convalescent plasma as part of COVID-19 treatment, as well as evidence suggesting that reinfection is uncommon in the 90 days after initial infection, vaccination should be deferred for at least 90 days, as a precautionary measure until additional information becomes available, to avoid interference of the antibody treatment with vaccine-induced immune responses

Are you immunocompromised? (taking medication or being treated for cancer, leukemia, HIV/AIDS or other immune system problems or taking medication that affects your immune system) is not a contraindication to current COVID-19 vaccine, including those with cancer, leukemia, HIV/AIDS and other immune system problems or taking medication that affects their immune systems. However, patients should be informed that the vaccine might be less effective than in someone who is immunocompetent.

Do you have a bleeding disorder or are you taking a blood thinner? COVID-19 vaccine may be given to these patients, if a physician familiar with the patient's bleeding risk determines that the vaccine can be administered intramuscularly with reasonable safety. ACIP recommends the following technique for intramuscular vaccination in patients with bleeding disorders or taking blood thinners: a fine-gauge needle (23-gauge or smaller caliber) should be used for the vaccination, followed by firm pressure on the site, without rubbing, for at least 2 minutes.