



Please print: Thov sau kom tseeb:

Last, First Name: Lub Xeem, Lub Npe: \_\_\_\_\_

Home Address: Chaw Nyob Tsev: \_\_\_\_\_

Date of Birth: Hnub Yug: \_\_\_\_\_

COVID-19 Vaccine Screening and Consent
Kev Kuaj thiab Tso Cai Txhaj Tshuaj Tiv Thaiv Kab Mob COVID-19

COVID-19 vaccines have not been formally approved by the FDA; they have been approved for emergency use. You will be having this brand of COVID-19 vaccine:

Lub FDA tseem tsis tau pom zoo rau cov tshuaj tiv thaiv kab mob COVID-19 raws li lawv tus txheej txheem; tej tshuaj txhaj no tsuas yog pom zoo rau xwm txheej ceev xwb. Koj yuav txais hom tshuaj tiv thaiv kab mob COVID-19 raws li nram qab no:

- Pfizer (see fact sheet)
Moderna (see fact sheet)
Johnson & Johnson (Janssen) (see fact sheet)

Health History

Keeb Kwm Kev Mob Nkeeg

Yes No Unknown
Tau Tsis Tau Tsis Paub

1. Have you ever had a COVID-19 vaccine?

Koj puas tau txhaj tshuaj tiv thaiv kab mob COVID-19 dua ib zaug li yav tag los?

Yes No Unknown
Tau Tsis Tau Tsis Paub

If you answered Yes: Which brand did you have? When?

Yog koj teb tias Tau lawm: Koj tau txhaj hom twg? Thaum twg?

- Pfizer Date of dose #1 Date of dose #2 (if applicable)
Moderna Date of dose #1 Date of dose #2 (if applicable)
Johnson & Johnson Date of dose #1 Date of dose #2 (if applicable)

Yes No Unknown
Tau Tsis Tau Tsis Paub

2. Have you ever had a severe allergic reaction (anaphylaxis) after any type of injection (shot) or vaccine?

Koj puas tau muaj kev txhaum tshuaj loj heev (anaphylaxis) tom qab uas txhaj tshuaj (koob tshuaj) dab tsi los sis txhaj tshuaj tiv thaiv kab mob dab tsi?

Yes No Unknown
Tau Tsis Tau Tsis Paub

3. *Have you ever been told you that you are allergic to polysorbate, polyethylene glycol (PEG) or any ingredients in the above fact sheet?*  
 Puas tau muaj leej twg uas qhia koj tias koj phiv tshuaj polysorbate, polyethylene glycol (PEG) los sis tej yam dab tsi tov haud uas txheeb tseg hauv daim ntawv qhia tseeb saum toj no?
4. *Have you been told that you have COVID-19 in the **past 14 days**?*  
 Puas tau muaj leej twg qhia koj tias koj muaj kab mob COVID-19 **nyob rau 14 hnuv dhau los?**
5. *Have you been around anyone with COVID-19 in the **past 14 days**?*  
 Koj puas tau nyob ib puag ncig ib tug neeg twg uas muaj kab mob COVID-19 **nyob rau 14 hnuv dhau los?**
- If you answered Yes: Have you completed your quarantine period (the length of time your care team said you should stay away from others)?*  
**Yog koj teb tias Tau:** Koj puas tau caiv es nyob koj ib leeg xwb kom puv sij hawm (lub sij hawm uas koj pawg saib xyuas mob nkeeg hais tias koj yuav tsum nyob nrug deb ntawm lwm cov neeg)?
6. *Have you received antibodies or plasma to treat COVID-19 in the **past 90 days**?*  
 Koj puas tau txais tshuaj tiv thaiv los sis nshav kho kab mob COVID-19 nyob rau **90 hnuv dhau los?**
7. *Have you had Multisystem Inflammatory Syndrome in Children or Adults (MIS-C or MIS-A) due to Covid-19 in the **past 90 days**?*  
 Koj puas tau muaj Ntau Yam Mob Sib Kis rau Cov Me Nyuam Yaus los sis Cov Neeg Loj (MIS-C los sis MIS-A) vim Tus Kab Mob COVID-19 nyob **rau 90 hnuv dhau los?**
8. *Are you feeling sick today?*  
 Hnuv no koj puas tau hnov tias tsis xis neej?

*If you are pregnant, lactating (nursing) or have a weak immune system from medication or a condition, please review this website, [www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/specific-groups.html](http://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/specific-groups.html), or talk to your health care provider.*

Yog tias koj lub cev xeeb tub, los sis koj pub mis (pub niam mis) los sis koj lub cev muaj roj ntsha tiv thaiv kab mob tsis muaj zog los ntawm ib yam tshuaj los sis teeb meem kev mob nkeeg, thov tshab xyuas lub vas sab no, [www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/specific-groups.html](http://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/specific-groups.html), los sis nrog koj qhov chaw kho mob sib tham.

**Use of your information:** *This form is used to document that you received the COVID-19 vaccine(s). This information is stored by the Minnesota Immunization Information Center (MIIC) and will be available to those legally allowed to receive it (health care providers, schools, childcare centers, health departments). For more information, see [www.health.state.mn.us/people/immunize/miic/public.html](http://www.health.state.mn.us/people/immunize/miic/public.html) or call 1-800-657-3970.*

**Kev siv koj cov ntaub ntawv:** Daim ntawv foos no yog siv kom ua ntaub ntawv tseg hais tias koj tau txais (cov) tshuaj tiv thaiv kab mob COVID-19. Cov ntaub ntawv xov xwm no yog Kev Sib Txuas Xov Xwm Txhaj Tshuaj Tiv Thaiv Kab Mob Ntawm Minnesota (MIIC) muab cia thiab yuav faib tau nrog rau lwm cov neeg tus uas tau txais kev tso cai yam raug cai tau txais (xws li cov muab kev saib xyuas mob nkeeg, tsev kawm ntawv thiab cov feem hauj lwm kev noj qab haus huv). Xav paub ntau ntxiv, saib [www.health.state.mn.us/people/immunize/miic/public.html](http://www.health.state.mn.us/people/immunize/miic/public.html) los sis hu rau 1-800-657-3970.

**Payment:** *Under the federal emergency, the vaccine is free, but your insurance will be billed for giving you the injection (shot). Please provide your insurance information for your visit.*

**Keu them nqi:** Vim yog ib qho xwm txheej ceev rau tsoom fwv teb chaws, qhov tshuaj tiv thaiv kab mob no yog pub dawb, tiam sis koj qhov kev tuav pov hwm yuav txais ib tug nqi qhia tias peb tau txhaj tshuaj rau koj (ib koob). Thov qhia koj qhov kev tuav pov hwm rau peb thaum koj tuaj.

- *If you don't have your insurance information with you, please call Fairview Clinics 1-888-702-4073 or HealthEast Clinics 651-232-1100.*
- *Yog tias koj tsis muaj koj cov ntawv tuav pov hwm nrog koj, thov hu rau Fairview Clinics 1-888-702-4073 los sis HealthEast Clinics 651-232-1100.*
- *If you don't have insurance, we have a process to assist you. We may ask that you provide your state of residence and social security number or a state-issued identification or driver's license.*
- *Yog tias koj tsis muaj kev tuav pov hwm, peb tseem muaj kev pab tau koj. Tej zaum peb yuav hais kom koj qhia koj lub xeev thiab koj tus nab npawb social security rau peb **los sis** muab ib daim ntawv pov thawj qhia tias koj yog leej twg los sis ib daim npav lais xees tsav tsheb rau peb saib.*

### **Reported side effects of COVID-19 vaccines**

**Cov mob uas tshwm sim tau los ntawm kev siv tshuaj tiv thaiv kab mob COVID-19 no**

*Clinical trials have reported these side effects in some people:*

Tej kev soj ntsuam sim tshuaj tau tshaj qhia txog tej mob los ntawm kev siv tshuaj nyob rau qee leej:

- *Injection site reaction (pain, redness or swelling where the shot was given); feeling very tired; headache; joint or muscle pain; chills or fever; feeling sick to the stomach; swollen glands; general sense of feeling unwell. These may not be all of the possible side effects. Other reactions, possibly severe, may become known after the vaccines are more widely used.*
- *Qhov txhaj tshuaj muaj li cas (mob, liab los sis o tuaj rau ntawm qhov txhaj tshuaj); hnov tau tias nkees heev; mob taub hau; mob tej pob qij txha los sis mob leeg; ua daus no mob los sis ua npaws; xeev siab; tuav qog; thiab hnov tau thoob plaws ib ce tias tsis xis neej. Tej no kuj yuav tsis yog tag nrho cov mob los ntawm kev siv tshuaj tiv thaiv kab mob. Lwm cov kev tawm tsam, qhov ntxim li yuav mob heev, kuj yuav paub tom qab siv cov tshuaj tiv thaiv kab mob ntau tuaj.*
- *Severe allergic reactions (trouble breathing, swelling of the face and throat, fast heartbeat, bad bodily rash, dizziness and weakness). We will watch you for these symptoms for a short time after getting the vaccine.*
- *Tej kev tsis haum tshuaj heev (ua pa nyuaj, lub ntsej muag thiab lub caj dab o tuaj, lub plawv dhia ceev, ua xua rau ib ce, kiv taub hau thiab qaug zog). Peb yuav ntsuam xyuas koj saib koj puas muaj tej tsos mob rau ib me ntsis tom qab txhaj tshuaj rau koj.*
- *There have been reports of severe blood clots after receiving the Johnson & Johnson (Janssen) vaccine. This is very, very rare—affecting a few people out of every million who receive this vaccine. After a careful safety review, the FDA and CDC agree that the benefits of this vaccine far outweigh the risks.*
- *Yeej muaj ob peb tug neeg uas raug ntxhav txhaws tom qab uas txhaj tshuaj tiv thaiv kab mob hom Johnson & Johnson (Janssen) thiab. Qhov no tsawg, tsawg heev xwb—raug rau ob peb tug neeg rau txhua ib plhom leej neeg uas txhaj qhov tshuaj tiv thaiv kab mob no. Tom qab uas lawv ua tib zoo ntsuam xyuas, pawg FDA thiab CDC sib hais haum thiab pom zoo tias qhov tshuaj txhaj tiv thaiv kab mob no tej kev pab yeej ntau dua qhov pheej hmoo thaum txhaj qhov tshua. After a careful safety review, the FDA and CDC agree that the benefits of this vaccine far outweigh the risks.*

**Tell your care team if you have any side effects that bother you or do not go away. If you have a severe reaction of any kind after receiving the vaccine, call 9-1-1, or go to the nearest Emergency Room.**

**Qhia rau koj pab pawg saib xyuas koj yog tias muaj tej mob los ntawm kev siv tshuaj uas ua rau koj mob los sis tsis txawj zoo. Yog tias koj muaj ib yam tsos mob twg tom qab tau txais tshuaj tiv thaiv kab mob, hu xov tooj 9-1-1, los sis mus tom Chav Kho Mob Xwm Txheej Ceev nyob ze tshaj plaws.**

***Consent to be vaccinated***

**Kev tso cai rau txhaj tshuaj**

- *I understand that I will be receiving the vaccine checked on page 1. There are risks and benefits to having this vaccine. I have read the fact sheet for this vaccine or had it read to me. I have asked my care team any questions I had.*
- *Kuv nkag siab hais tias kuv yuav txais qhov tshuaj tiv thaiv kab mob uas kuv kos rau ntawm phab 1. Yeej muaj tej kev pheej hmoo thiab tej kev pab zoo los ntawm qhov uas txhaj tshuaj tiv thaiv kab mob no. Kuv tau nyeem daim ntawv tseeb hais txog qhov tshuaj tiv thaiv kab mob no los sis muaj ib tug neeg uas tau nyeem rau kuv mloog. Kuv twb tau nug kuv pab pawg saib xyuas mob nkeeg tej lus nug uas kuv muaj lawm.*
- *I understand that I am asking that the COVID-19 vaccine be given to me (or to the person named below, for whom I am authorized to make this request).*
- *Kuv nkag siab hais tias kuv thov kom muab qhov tshuaj tiv thaiv kab mob COVID-19 txhaj rau kuv (los sis rau tus neeg sau lub npe nram qab no, uas kuv muaj cai sawv nws cev thov kom tau li no).*
- *I agree that Fairview Health Services may bill my health plan or other payers on my behalf and may receive payment of allowed benefits.*
- *Kuv pom zoo rau Fairview Health Services xa nqi mus rau kuv lub phiaj xwm kev mob nkeeg los sis lwm cov sawv cev them nqi tam kuv thiab txais nyiaj them rau tej kev pab uas tsim nyog.*

**To be signed at the time of vaccination:**

**Kos npe thaum lub sij hawm txhaj tshuaj:**



\_\_\_\_\_  
*Patient Signature (or Authorized Representative)*  
Tus Neeg Mob Li Qauv Tes Kos Npe  
(los sis Tus Sawv Cev Uas Tau Txais Kev Pom Zoo)

\_\_\_\_\_  
*Date*  
Hnub tim

\_\_\_\_\_  
*Time*  
Sij Hawm  
am / pm  
sawv ntxov /  
tsaus ntu

\_\_\_\_\_  
*Authorized Representative's Printed Name*  
Tus Sawv Cev Tam Uas Tau Txais Kev Tso  
Cai lub Npe Tseeb

\_\_\_\_\_  
*Relationship to Patient*  
Kev Txheeb Ze nrog Tus Neeg Mob

*(An "authorized representative" is a parent or legal guardian of a patient under age 18, or a legal guardian or health care agent of an adult who lacks decisional capacity. Guardians and agents require a copy of the guardianship court order or health care directive.)*

*(Ib tug "sawv cev tam uas tau txais kev tso cai" yog ib tug niam los sis txiv los sis tus saib xyuas uas raug cai ntawm ib tug neeg mob hnub nyoog qis dua 18 xyoo, los sis ib tug saib xyuas uas raug cai los sis koom haum saib xyuas kev mob nkeeg tus uas tsis muaj peev xwm fab kev txiav txim siab. Cov saib xyuas thiab cov koom haum tseev kom muaj ib daim luam qauv lus txib kev saib xyuas los ntawm tsev hais plaub los sis cov lus qhia txog kev noj qab haus huv.)*

**To be filled out by health care staff (if an interpreter is used):**  
**Cov saib xyuas neeg mob sau ntawv rau (yog tias tau siv ib tug txhais lus):**

_____	_____	_____
<i>Date</i>	<i>Time</i>	<i>am / pm</i>
Hnub	Sij Hawm	sawv ntxov / tsaus ntuj

_____	_____	_____
<i>Interpreter Name</i>	<i>Language</i>	<i>ID# (if accessed by phone or video)</i>
Tus Neeg Txhais Lus lub Npe	Hom Lus	ID# (yog tias siv tau rau xov tooj los sis yeeb yaj kiab)