

04/17/2021



Janssen COVID-19 Vaccine Screening Form

Section 1: Recipient contact information (please print clearly)

LAST Name	FIRST Name	M.I.	Date of Birth (mm/dd/yyyy)
Street Address		City	Zip Code
Phone Number	E-mail Address		

Section 2: COVID-19 vaccination history

Have you previously been vaccinated with any COVID-19 vaccine? _____

☐ Yes Vaccine Product Name (required): _____ Date Received (required): _____

(Must provide documentation of previous vaccination with product name/brand.)

Medical Screener signature confirming documentation: _____

If previous product received is Moderna COVID-19 vaccine **AND** at least 28 days since date received, **STOP**.
Janssen COVID-19 vaccine will **NOT** be administered. Need to be scheduled for Moderna clinic day.

If previous product received is Pfizer COVID-19 vaccine, **STOP**. Janssen COVID-19 vaccine will **NOT** be administered.
Individual will need to receive Pfizer vaccine. Re-direct to the Hawaii DOH COVID-19 website for locations.

☐ No Continue to Section 3

Section 3: Screening question to determine if you may be vaccinated today.

	Yes	No
1. Have you ever had a severe allergic reaction (e.g., anaphylaxis) OR any immediate allergic reaction of any severity (e.g., itching, hives, flushing, difficulty breathing), to a previous dose of a COVID-19 vaccine, any of its components, or any injectable medication or therapeutic?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had any allergic reaction of any severity to any non-injectable medication, food, pet, insect, venom, latex, or environmental trigger?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you received any other vaccine within the last two weeks?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to question 1 or 3, you will **NOT** receive the Janssen COVID-19 vaccine today.
Please speak with your healthcare provider.

Vaccine Not Administered (Reason): ☐ Contraindication ☐ Individual Declined ☐ Other (describe): _____

Medical Screener name (print): _____ **Medical Screener signature:** _____

If you answered Yes to question 2, you will remain on-site for a 30-minute observation period after receiving the COVID-19 vaccine.

I acknowledge I have read the included COVID-19 vaccine information and request the COVID-19 vaccine to be administered to me, or to the named recipient.

Signature: _____ Date: _____

Section 4: Vaccine Documentation (DOH Use Only)

Vaccine	Dose #	Date Dose Administered	Dose Size	Site	Route	Vaccine Manufacturer	Lot #	Expiration Date	Name, Address and Title of Vaccine Administrator
Janssen COVID-19	#1	04/17/2021	0.5 mL	RA LA	IM	Johnson and Johnson	205A21A	mm/dd/yyyy	HBCTC Vaccination Event Ke'ehi Lagoon Memorial Times Mobile Clinic

Vaccine Administrator (Name): _____ **Initials:** _____

Section 5: Considerations from the Centers for Disease Control and Prevention (CDC)

Administration of the Janssen COVID-19 vaccine with other vaccines

- You should wait at least 14 days after getting any other vaccines before getting a COVID-19 vaccine.

COVID-19 Infection

- You may receive a COVID-19 vaccine if you have had a COVID-19 infection in the past.
- If you have a COVID-19 infection now, you should wait until you are better and have completed your isolation period before getting a COVID-19 vaccine.

Quarantine due to exposure to COVID-19 or travel

- If you are in quarantine because of COVID-19 exposure or because of recent travel, you should wait to complete your quarantine before getting a COVID-19 vaccine.

Monoclonal antibody or convalescent plasma treatment for COVID-19

- If you have received either of these treatments, you should wait at least 90 days to get a COVID-19 vaccine.

Special populations: Immunocompromised, pregnant or breastfeeding

- A COVID-19 vaccine may be administered to immunocompromised individuals (including people with HIV and those on immunosuppressive medications) and to women who are pregnant or breastfeeding, BUT the vaccine has not been fully studied in these populations.
- If you are immunocompromised, pregnant or breastfeeding, consider talking with your doctor before getting a COVID-19 vaccine.

If you have any additional questions after reviewing the above information, talk to your doctor or healthcare provider before getting the Janssen COVID-19 vaccine.

Section 6: Recipient Acknowledgement

I have been given a copy of the Fact Sheet for Recipients and Caregivers for the Emergency Use Authorization (EUA) of the Janssen COVID-19 vaccine and have read it. I have had the opportunity to ask questions and I am satisfied with the answers and explanations given. I understand that this vaccine has not yet been approved by the Food and Drug Administration (FDA) and is being administered to me, or the named recipient for whom I am authorized to make this request. I understand that because this is not an FDA approved vaccine, but is being given under an FDA-issued EUA, the State of Hawaii, its departments, agencies and employees ("the State") are immune from civil liability under federal and state laws for all claims for loss related to any known or unknown side effects and/or injuries, including, but not limited to death that I, or the named recipient for whom I am authorized to make this request, may experience from this vaccine. This immunity means that if I file a lawsuit against the State, the court must dismiss any such lawsuit, and the only exception to this immunity is for claims of willful misconduct. In addition, I have received information regarding the Hawaii Immunization Registry (see attached).