

Okaloosa County COVID-19 Vaccination Clinic Tips

Before you appointment

1. Complete Vaccine Screening and Consent Form. This can be found at www.HealthyOkaloosa.com. If you are unable to print, you can fill one out at your vaccine appointment. This form is REQUIRED. Please ensure you fill out the form completely including name, date of birth, phone number and signature on back. You do not need to fill out your insurance information on the form.
2. Review DOH Privacy Practices and factsheet about the vaccine you are receiving. These can be found at www.HealthyOkaloosa.com.

Administration Facility Name/Facility ID:
COVID-19 VACCINE SCREENING AND CONSENT FORM
 Pfizer-BioTech COVID-19 Vaccine

SECTION 1: INFORMATION ABOUT YOU (PLEASE PRINT)

Name: _____ Middle Initial: _____
 Date of Birth: Month Day Year Phone Number (Please include area code): _____
 Address: _____ Apartment #: _____
 City: _____ State: _____ ZIP: _____
 DOB: _____
 Sex: _____
 Race: _____ Ethnicity: _____
 Primary Insurance Carrier: _____ Insurance Company Phone #: _____
 Secondary Insurance Carrier: _____ Insurance Company Phone #: _____
 Insured's Name: _____ Insured's Date of Birth: _____
 Insured's Company: _____ Insured's City: _____ Insured's State: _____
 Insured's Address: _____ Insured's Zip: _____
 Insured's Phone: _____ Insured's Email: _____

SECTION 2: COVID-19 SCREENING QUESTIONS

Please check YES or NO for each question.

1. Do you have any symptoms of COVID-19 (fever, cough, shortness of breath, difficulty breathing, muscle aches, fatigue, loss of taste or smell, sore throat, congestion or runny nose)?	Yes	No
2. Have you been in contact with someone who has been diagnosed with COVID-19 (within the last 14 days)?	Yes	No
3. Have you had a fever (without being treated) in the 14 days before your appointment?	Yes	No
4. Have you had any other symptoms in the 14 days before your appointment?	Yes	No
5. Have you had any COVID-19 antibody therapy within the last 90 days (e.g., Regeneron, Remdesivir, COVID Convalescent Plasma, etc.)?	Yes	No

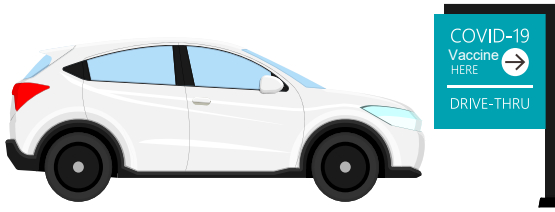
SECTION 3: IMMUNIZATION SCREENING GUIDANCE FOR COVID-19 VACCINE

1. Do you have an ID (any form of government issued ID)?	Yes	No
2. Do you have a Florida Driver's License?	Yes	No
3. Do you have a Florida State ID?	Yes	No
4. Do you have a Florida Social Security Number?	Yes	No
5. Do you have a Florida Voter Registration Card?	Yes	No
6. Do you have a Florida Professional License?	Yes	No
7. Do you have a Florida Professional Registration?	Yes	No
8. Do you have a Florida Professional Certificate?	Yes	No
9. Do you have a Florida Professional License?	Yes	No
10. Do you have a Florida Professional Registration?	Yes	No
11. Do you have a Florida Professional Certificate?	Yes	No

* Adults that are 65 or older are eligible for a second dose. If the patient has a condition that is listed in the table above, they are not eligible for a second dose. Patients should go to the website for the Florida Department of Health (DOH) to update the definition of COVID-19 cases.
 * Limitation: For the purposes of this screening, a Florida ID has been substituted for emergency use by FEMA under an E.O. in the event of a natural disaster. For more information, go to www.fda.gov and click on the emergency use of the product on Page 1 of 2.
 Effective Date: 10/20/21 Pfizer-BioTech COVID-19 Vaccine

When you arrive

1. Do not arrive more than 15 minutes early for your appointment. By using appointments, this will decrease wait times. Arriving an hour or more early will cause delays and backups.
2. Stay in your car the entire time.
3. Wear a short-sleeve shirt and remove any jackets when you arrive.
4. Wear a mask.
5. Bring your government issued ID. If you are a health care worker with direct patient, you must provide proof of employment. You MUST be able to provide proof of residency/employment in Florida. Your ID will be verified at the site. If you do not have your ID, proof of residency/employment OR do not meet the eligibility criteria of 65 and older or a health care worker with direct patient contact, you will not be able to get the vaccine.
6. You will stop at various checkpoints to check IDs and verify paperwork before you get the vaccine. Please follow staff directions and stop when requested to do so.



After your appointment

1. For your second dose you will be given a reminder card. You will return to the same location at the same time as your first appointment on the date of your reminder card. You will not need to register again for a second dose if you received your first dose by DOH-Okaloosa.
2. After you receive your shot, you will park in a designated area to be monitored for 15 minutes.

Reminder! Return for a second dose!
¡Recordatorio! ¡Regrese para la segunda dosis!

Vaccine	Date / Fecha
COVID-19 vaccine Vacuna contra el COVID-19	mm / dd / yy 02 / 01 / 21
Other Otra	mm / dd / yy

Bring this vaccination record to every vaccination or medical visit. Check with your health care provider to make sure you are not missing any doses of routinely recommended vaccines.
 For more information about COVID-19 and COVID-19 vaccine, visit cdc.gov/coronavirus/2019-ncov/index.html.
 You can report possible adverse reactions following COVID-19 vaccination to the Vaccine Adverse Event Reporting System (VAERS) at vaers.hhs.gov.

Lleve este registro de vacunación a cada cita médica o de vacunación. Consulte con su proveedor de atención médica para asegurarse de que no le falte ninguna dosis de las vacunas recomendadas.
 Para obtener más información sobre el COVID-19 y la vacuna contra el COVID-19, visite espanol.cdc.gov/coronavirus/2019-ncov/index.html.
 Puede notificar las posibles reacciones adversas después de la vacunación contra el COVID-19 al Sistema de Notificación de Reacciones Adversas a las Vacunas (VAERS) en vaers.hhs.gov.

