

COVID-19 VACCINATION FOR VETERAN PATIENTS

FIRST / LAST NAME	FULL SOCIAL SECURITY NO.	DATE

➤ **COVID SHOT: #1_____ #2_____**
(if received elsewhere, state where/when and type of vaccine (Pfizer or the Moderna))

NO	YES	
		Are you sick with fever, chills, cough, sore throat, flu, or COVID-19 like symptoms today?
		Do you have any severe allergies you use an EPI pen for? <i>If yes, please speak with vaccinator <u>before</u> you receive the injection.</i>
		Have you ever had a severe reaction to any vaccine or injectable medication before?
		In the last 90 days have you been diagnosed with COVID-19? Please state when you were diagnosed and if you have any further symptoms:
		If you were ill with COVID-19, did you receive any monoclonal antibody therapy or donor plasma? (We cannot administer the vaccine within 90 days of receiving this therapy.)
		Are you pregnant, lactating? <i>You are advised to speak with your primary physician before accepting the vaccine.</i>
		Have you received any other vaccinations in the past two weeks/14 days? <i>You are advised you may not receive other vaccines for 4 weeks following this COVID-19 vaccination today.</i>
		<u>ADVERSE REACTIONS TO HAVING A VACCINE ADMINISTERED:</u> Do you have a history of any fainting or adverse reactions following an injection? Do you need to lie down during administration of the vaccine? <i>Please inform the staff if you feel you may need to be monitored closely following the injection, or if your first COVID-19 vaccine caused any adverse reactions.</i>

NURSING to Complete Upon Injection:

DATE: _____ TIME: _____ Injected into: **RT** **LFT**

LOT #: _____ EXP DATE: _____

FULL PRINTED NAME OF INJECTOR: _____ (no initials)

NEXT STEPS after receiving the COVID-19 Vaccine

VA Side Effects and Adverse Events Reporting Fact Sheet

Whether you are an employee or a Veteran receiving the COVID-19 vaccine, you have taken an important step towards protecting yourself, your family and friends, and your communities from COVID-19.

Now that you have received the vaccine, what can you expect?

Vaccines protect us by stimulating the body's natural immune system to produce antibodies to fight a virus. This is called an immune response. Vaccines are a way to trigger the immune response to allow the body to protect against becoming infected and getting sick from illnesses like COVID-19.

Many people who receive the COVID-19 vaccine who experience a reaction have mild symptoms. These may include your arm being sore, red, or warm to the touch. These symptoms usually go away on their own within a few days to a week. Some people report getting a headache, fatigue, fever, or muscle aches when getting a vaccine. These side effects are a sign that your immune system is doing exactly what it is supposed to do. It is working and building up protection to disease.

It is important to know what side effects to expect and which ones should be reported to your healthcare team. Contact your health care provider if your symptoms make you unable to work, do daily activities, or if you feel that you need urgent care for any of these symptoms. This reporting is part of the Emergency Use Authorization (EUA) safety monitoring process required by the U. S. Food and Drug Administration (FDA). You can play an important role in this process.

The following potential side effects may occur with COVID-19 vaccines:

Local symptoms at the injection site include:	General symptoms (not at the injection site) include:		
Pain - Discomfort	Chills	Muscle or Body Aches (myalgia)	Diarrhea
Redness	Fever	Fatigue or Tiredness	Rash - Not at Injection Site
Swelling	Headache	Nausea	Allergic Reaction
Itching	Joint Pains (arthralgia)	Vomiting	Swollen Glands

If you experience a reaction to the vaccine, please use the table on the back of the sheet to record your symptoms and the day that you experienced them.

If you experience these symptoms **and they have an impact on your daily routine**, please contact your provider and record your information in the table on the back of this sheet.

- If you are an **employee** and experience symptoms to the COVID-19 vaccine that impact daily activities, please contact your local Employee Occupational Health department at _____ 26492, 26439
- If you are a **Veteran** and experience symptoms to the COVID-19 vaccine that impact daily activities,
- please contact your healthcare team at _____.

You will be returning for a 2nd dose on: _____ . Please bring this sheet and your Vaccination Record card when you return for your next appointment.

It is important for you to return for the 2nd dose to maximize immunity from the vaccine to protect yourself, your family and friends, and your community.

COVID-19 Vaccine Monitoring Record

December 2020

Dose 1			Dose 2	
Day	Have you had any injection site symptoms? Check if yes (write which one)	Have you had any general symptoms? Check if yes (write which one)	Have you had any injection site symptoms? Check if yes (write which one)	Have you had any general symptoms? Check if yes (write which one)
1 (day of vaccination)				
2				
3				
4				
5				
6				
7				
Week				
2 (up to 14 days after vaccination)				
3 (up to 21 days)				
4 (up to 28 days)				
5 (up to 35 days)				
6 (up to 42 days)				
<p>Other important events</p> <p>Please contact your provider/clinic immediately if any of the following occur after you receive the vaccine:</p> <ul style="list-style-type: none"> You are admitted to the hospital for any reason You receive a positive test for COVID-19 If female, you become pregnant 				

Notes (any additional info): (any info needed to collect - temperature/date if fever; medication taken; reported to doctor/clinic/ER; COVID-19 test)