

Naperville Pediatric Associates

COVID 19 VACCINE Registration Form

Thank you for choosing our office. The federal government mandated COVID 19 vaccine is given at no cost to the American people. However, vaccination providers are able to receive an administrative fee for the work involved in handling, storing and injecting the vaccine. For us to submit to your insurance, please provide a copy of your insurance card and complete the following information. You must provide a copy of your insurance card or bring it with you. No patient will be billed nor turned away. If you are not insured, please check this:

NAME (LAST NAME, FIRST NAME, MI)			
DATE OF BIRTH (MM/DD/YYYY)		SEX (Circle One) Male Female Other	
ADDRESS <small>street number and name</small> <small>city state zip code</small>			
(where you currently live)			
PHONE		ETHNIC GROUP (Check One) <input type="radio"/> Hispanic <input type="radio"/> Non Hispanic <input type="radio"/> Unknown	
RACE (Check One) <input type="radio"/> ASIAN <input type="radio"/> AMERICAN INDIAN <input type="radio"/> BLACK <input type="radio"/> HISPANIC/ LATINO <input type="radio"/> MULTIRACIAL <input type="radio"/> NATIVE AMERICAN <input type="radio"/> WHITE <input type="radio"/> OTHER			
EMERGENCY CONTACT (NAME AND PHONE)			
Do you have health insurance? <input type="radio"/> Yes <input type="radio"/> No If yes, I hereby assign payment of medical benefits for administering my vaccine to Naperville Pediatric Associate. I authorize the release of information necessary to process this claim.			
ANSWER THE FOLLOWING HEALTH QUESTIONS:			YES
			NO
			DON'T KNOW
Are you feeling sick today? (fever, cough, congestion, etc)			
Have you received a COVID VACCINE in the past? If so, which one?			
<input type="radio"/> Moderna <input type="radio"/> Pfizer <input type="radio"/> JANSSEN Date received: _____			
Have you ever had a severe allergic reaction to anything? If no, skip the next 2 questions			
Was the reaction due to a COVID vaccine?			
Was the reaction due to another vaccine or injected drug?			
Have you received another vaccine within the past 14 days?			
Have you received passive immune therapy for COVID?			
Do you have a weak immune system due to something like HIV, Cancer or immune therapy?			
Have you taken a steroid drug within the last 2 weeks? Explain to staff.			
If female, are you pregnant? Explain to staff.			

I have been given a copy to read the Emergency Use Authorization (EUA) and reviewed the FDA Fact Sheet for Recipients and Caregivers (<https://www.modernatx.com/covid19vaccine-eua/eua-fact-sheet-recipients.pdf>) prior to receiving the COVID-19 vaccine. I have had the chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine indicated and ask that it be given to me or the person named for whom I am authorized to make this request.

My signature acknowledges that I was advised to remain on site for 15 minutes after receiving the vaccine. Those with previous anaphylactic reactions should stay for 30 minutes.

X _____ X _____ X _____
DATE PRINT NAME SIGNATURE

FOR ADMINISTRATIVE USE ONLY

VACCINE	DOSE	ROUTE	BRAND	VACINATOR SIGNATURE
COVID19	__1__2	__RD__LD	<input type="checkbox"/> MODERNA Lot: 019821A Expires: 9/21/21 <input type="checkbox"/> Pfizer Lot: Expires: <input type="checkbox"/> JANSSEN Lot: 1808980 Expires: 6/21/21	