



**Public Health**  
Prevent. Promote. Protect.  
Pike County General  
Health District

# Pike County General Health District

## Public Health Division

116 S. Market Street

Waverly, Ohio 45690

Phone 740-947-7721 Fax 740-947-1109

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### Person Receiving Vaccine Demographic Information

Last Name		First Name		Middle Name
Date of Birth		Age		Country of Birth
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer Not to Say <input type="checkbox"/> Other:				Phone #
Street Address		City	State	Zip
Primary Language <input type="checkbox"/> English <input type="checkbox"/> Other: _____		Race <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Other		Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic

Please answer the questions below for the person receiving the vaccine.

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | <b>Yes</b>               | <b>No</b>                |
| 1. Are you feeling sick today?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have any allergies (food, latex, medications)?                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had a severe allergic reaction to something?                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever had a severe allergic reaction to another vaccine or an injectable therapy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever received a dose of COVID-19 vaccine? Which product: _____                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you received another vaccine in the last 14 days?                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you received passive antibody therapy for COVID-19 in the past 90                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have a bleeding disorder or are you taking a blood thinner?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever had Guillain-Barré syndrome?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. For women: Are you or is there a chance that you could be pregnant?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. For women: Are you breastfeeding?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Target Population/Occupation _____   |                          |                          |

### ACKNOWLEDGEMENT, AUTHORIZATION & ASSIGNMENT OF BENEFITS

I acknowledge that I have been offered a copy of the Pike County General Health District (PCGHD) Notice of Privacy Practices. A copy of the Emergency Use Authorization (EUA) has been provided. I have read, or have had explained, the information about the disease(s) and vaccine(s) listed. I had an opportunity to ask questions and believe that I understand the benefits of the vaccine(s). I consent to the administration of the vaccines listed to be given to the person named above and I am authorized to give this consent. I agree to the electronic transmission of immunizations and other information on this form to the Ohio Department of Health's Immunization Registry. I authorize the PCGHD to release service related information regarding the above mentioned person to third party payers of bill for service(s) rendered to me. I request my payer pay the PCGHD directly for services rendered to me.

\_\_\_\_\_  
SIGNATURE OF CLIENT or Person Authorized to Sign on the Client's Behalf

\_\_\_\_\_  
DATE

### OFFICE USE ONLY

CPT	Vaccine to be Given	Lot Number	Mfr.	Fact Sheet Date	Admin Site	Route	Amount
	COVID-19		Moderna Pfizer	12/20/20	RD / LD	IM	0.5ml

Nursing Assessment/Teaching/Vaccine Administration:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Vaccine

\_\_\_\_\_  
Time