**COVID-19 Immunization Screening and Consent Form**

**For Established Adult Patient**

**成人新冠疫苗接種篩查問卷及疫苗接種同意書**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Recipient Name 接受疫苗接種者姓名:** | | **DOB 出生日期:** | | | | | | | | |
| **COVID-19 Vaccine Screening Questionnaire**  **新冠疫苗接種篩查問卷** | | | | | | | | | | |
| 1. | Are you feeling sick today?  您今天感覺不適嗎？ | | | | Yes 是 | | | | No 否 | |
| 2. | In the last 10 days, have you had a COVID-19 test because you had symptoms and are still awaiting your test results or been told by a health care provider or health department to isolate or quarantine at home due to COVID-19 infection or exposure?  在過去的10天中，您是否曾因新冠感染或暴露而接受過新冠檢測，或被醫務人員或衛生部門告知要隔離或在居家隔離？ | | | | Yes  是 | | No  否 | | | Unknown  未知 |
| 3. | Have you been treated with antibody therapy or convalescent plasma for COVID-19 in the past 90 days (3 months)? If yes, when did you receive the last dose?  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  在過去90天（3個月），您是否曾接受過抗體療法或新冠的恢復期血漿治療？  如果是，您什麼時候收到最後一劑？日期：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Yes  是 | | No  否 | | | Unknown  未知 |
| 4. | Have you ever had an immediate allergic reaction to any vaccine, injection, or shot or to any component of the COVID-19 vaccine, or a severe allergic reaction (anaphylaxis) to anything?  您是否曾對任何疫苗，注射劑或新冠疫苗的任何成分產生嚴重或危及生命的過敏反應 (例如蕁麻疹、面部腫脹、呼吸困難、過敏性休克)，或有任何嚴重的過敏症 / 過敏史? | | | | Yes  是 | | No  否 | | | Unknown  未知 |
| 5. | Do you have a bleeding disorder, a history of blood clots or are you taking a blood thinner?  您是否患有出血性疾病或正在服用抗凝血藥？ | | | | Yes  是 | | No  否 | | | Unknown  未知 |
| 6. | Do you have a history of myocarditis (inflammation of the heart muscle) or pericarditis (inflammation of the lining around the heart)?  您是否有心肌炎（心肌發炎）或心包炎（心臟周圍的纖維囊發炎）的病史？ | | | | Yes  是 | | No  否 | | | Unknown  未知 |
| 7. | Have you received a previous dose of a COVID-19 vaccine authorized by the WHO but not by the FDA? (E.g., AstraZeneca - VAXZEVRIA, Sinovac - CORONAVAC, Serum Institute of India - COVISHIELD, Sinopharm)  您之前是否接種過 WHO 授權但未獲得 FDA 授權的新冠疫苗？  （如：AstraZenec – VAXZEVRIA 阿斯利康、Sinovac – CORONAVAC 中國科輿、Serum Institute of India 印度血清研究所 - COVISHIELD、Sinopharm 中國國藥） | | | | Yes  是 | | No  否 | | | Unknown  未知 |
| 8. | Have you received a previous dose of the COVID-19 vaccine?  **Yes  No If yes, which vaccine?**  您是否曾經接種過新冠疫苗？  **☐ 是 ☐ 否 如果是，接種了哪種疫苗？** | | Moderna  莫德納 | Pfizer  輝瑞 | | | | ☐ Janssen  強生 | | |
| **Please answer Q9 and Q10 / Q11 if you come for additional or booster dose**  **如果您是來接種追加劑或加強劑, 請回答問題9和10或11** | | | | | | | | | | |
| 9. | Have you completed a primary vaccine series? (Moderna/Pfizer: 2-doses series; Janssen: 1-dose series)  您之前是否己完全接種新冠疫苗 ? 莫德納 / 輝瑞: 共兩劑; 強生: 單劑 | | | | | Yes 是 | | | No 否 | |
| **Please answer Q10 if you come for Additional Dose**  **如果您是來接種追加劑，請回答問題10** | | | | | | | | | | |
| 10. | **For Additional Dose ONLY**  Have you completed 1-dose series of Jassen vaccine OR 2-dose series of Pfizer/Moderna vaccine, the last dose being at least 4 weeks?  **如果您是來因罹患免疫功能缺陷接種追加劑：**距完全接種強生的單劑新冠疫苗, 輝瑞或莫德納新冠疫苗系列的最後一劑疫苗至少間隔 4 周? | | | | | Yes 是 | | | No 否 | |
| **Please answer Q11 if you come for Booster Dose (Bivalent)**  **如果您是來接種二價加強劑, 請回答問題11** | | | | | | | | | | |
| 11a. | **For Booster Dose ONLY**  Have you completed a primary vaccine series, that last dose (primary or monovalent booster) being at least 2 months ago?  **如果您是來接種二價加強劑：**距最後一次接種新冠疫苗（單價疫苗）至少間隔 2 個月? | | | | | Yes 是 | | | No 否 | |
| 11b. | Have you received JYNNEOS vaccine recently? **Yes  No**  If yes, was the most recent dose at least 4 weeks ago?  您最近有接種天花/猴痘疫苗嗎？ **☐ 是 ☐ 否**  如果是，距最近一劑至少間隔 4 周嗎？ | | | | | Yes 是 | | | No 否 | |

**Emergency Use Authorization**

The FDA has made the COVID-19 vaccine available under an emergency use authorization (EUA). The EUA is used when circumstances exist to justify the emergency use of drugs and biological products during an emergency, such as the COVID-19 pandemic. This vaccine has not undergone the same type of review as an FDA-approved or cleared product. However, the FDA’s decision to make the vaccine available is based on the totality of scientific evidence available, showing that known and potential benefits of the vaccine outweigh the known and potential risks. Please note: FDA approved the Pfizer-BioNTech COVID-19 vaccine as a two-dose series in individuals 16 years of age and older. The vaccine continues to be available under an EUA for certain populations, including for those individuals 6 months through 15 years of age and for the administration of a third dose in the populations set forth in the consent section below.

**緊急使用授權** FDA已根據緊急使用授權（EUA）提供了新冠疫苗。EUA是需要在緊急情況下緊急使用藥物和生物產品，例如目前新冠大流行。 該疫苗尚未完成與FDA批准或批准的產品相同類型的審查。 但是，FDA決定根據EUA提供疫苗的決定是基於公共衛生突發事件的存在以及可獲得的全部科學證據，這表明疫苗的已知和潛在益處超過了已知和潛在風險。請注意：FDA批准輝瑞新冠疫苗為16歲及以上人群的兩劑系列疫苗。 根據緊急使用授權（EUA）輝瑞疫苗可繼續提供給特定人群，包括6個月至15歲的人群以及符合以下同意書中規定的特定人群。

**Consent**

I have read, or had explained to me, the information sheet about the COVID-19 vaccination. I understand that if my vaccine requires two doses, I will need to be administered (given) two doses to be considered fully vaccinated.

**同意書** 我已閱讀或已向我解釋過有關新冠疫苗接種的資訊。 我明白， 如果接受的疫苗是兩劑系列疫苗，接種者需要接種兩劑才能被視為完全接種疫苗。

I have had a chance to ask questions which were answered to my satisfaction (and ensured the person named above for whom I am authorized to provide surrogate consent was also given a chance to ask questions). I understand the benefits and risks of the vaccination as described.

我有機會提出問題，這些問題的回答令我滿意（並確保我有權代表的上述人員提供代理同意也有機會提問）。 我瞭解所描述的疫苗接種的益處和風險。

I request that the COVID-19 vaccination be given to me (or the person named above for whom I am authorized to make this request and provide surrogate consent). I understand there will be no cost to me for this vaccine. I understand that any monies or benefits for administering the vaccine will be assigned and transferred to the vaccinating provider, including benefits/monies from my health plan, Medicare or other third parties who are financially responsible for my medical care. I authorize release of all information needed (including but not limited to medical records, copies of claims and itemized bills) to verify payment and as needed for other public health purposes, including reporting to applicable vaccine registries.

我要求接受新冠疫苗接種（或上面已獲我授權的人提出請求並提供代理同意）。 我知道這種疫苗不會給接種者帶來任何費用。 我瞭解將分配給疫苗的任何款項或利益， 並轉移給提供疫苗接種者， 包括健康保險計畫，Medicare， Medicaid或其他對我的醫療費用負有經濟責任的協力廠商。 我授權發佈所有必要的資訊 （包括但不限於醫療記錄， 醫療帳單細則） 以核實付款情況， 以及其他公共衛生防疫目的所需的資訊， 包括向當地衛生部門疫苗註冊機構告。

I acknowledge and consent that information regarding my identity and all my immunizations will be released to the New York Citywide Immunization Registry (CIR).

我確認並同意，有關接種者的身份和所有疫苗接種的資訊將被發佈到紐約市範圍內的免疫註冊中心(CIR)。

Recipient/Surrogate/Guardian (Signature) Date / Time Print Name Relationship to patient

接受疫苗接種者/代理人/監護人簽名 日期/時間 正楷簽名 接受疫苗接種者的關係

# Last, First Name: DOB:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Area Below to be Completed by Vaccinator**  **此處由提供疫苗接種者填寫** | | | | | | |
| Which vaccine is the patient receiving today?  今天病人接種了哪種疫苗？ | | | | | | |
| Vaccine Name  疫苗名稱 |  | | | | Fact Sheet Date  情況說明書日期 | Lot Number  批號 |
| Pfizer/BioNTech  輝瑞 | 1st Dose  第一劑 | 2nd Dose  第二劑 | Add. Dose  追加劑 | Booster Dose  二價加強劑 |  |  |
| Moderna  莫德納 | 1st Dose  第一劑 | 2nd Dose  第二劑 | Add. Dose  追加劑 | Booster Dose  二價加強劑 |  |  |

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| --- | --- | --- | --- | --- |
| Administration Site:  注射部位 | Left Deltoid  左手臂 | Right Deltoid  右手臂 |  |  |
|  |  |  |  |  |
| Dosage:  劑量： | 0.3 mL  0.3毫升 | 0.5 mL  0.5毫升 |  |  |

I have reviewed side effects with patient (and parent, guardian, or surrogate, as applicable)

我已經與接受疫苗接種者（和父母，監護人或代理人，如果適用）一起審查了不良反應

I confirm that the patient (and their surrogate, if applicable) was given an opportunity to ask questions about the vaccination, and all the questions asked by them (and/or their surrogate) have been answered correctly and to the best of my ability.

我確認接受疫苗接種者（及其代理人，如果適用）有機會詢問有關疫苗接種的問題以及他們提出的所有

問題（和/或他們的替代問題）均已盡我所能正確回答

Vaccinator Signature:

提供疫苗接種者簽名