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

**For Established Adult Patient**

**成人新冠疫苗接种筛查问卷及疫苗接种同意书**

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| **Recipient Name 接受疫苗接种者姓名:** | | **DOB 出生日期:** | | | | | | | | |
| **COVID-19 Vaccine Screening Questionnaire**  **新冠疫苗接种筛查问卷** | | | | | | | | | | |
| 1. | Are you feeling sick today?  您今天感觉不适吗？ | | | | 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?  在过去的10天中，您是否曾因新冠感染或暴露而接受过新冠检测，或被医务人员或卫生部门告知要隔离或在居家隔离？ | | | | 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  在过去90天（3个月），您是否曾接受过抗体疗法或新冠的恢复期血浆治疗？  如果是，您什么时候收到最后一剂？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?  您是否曾对任何疫苗，注射剂或新冠疫苗的任何成分产生严重或危及生命的过敏反应 (例如荨麻疹、面部肿胀、呼吸困难、过敏性休克)，或有任何严重的过敏症 / 过敏史? | | | | 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药？ | | | | 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（心肌发炎）或心包炎（心脏周围的纤维囊发炎）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)  您之前是否接种过 WHO 授权但未获得 FDA 授权的新冠疫苗？  （如：AstraZenec – VAXZEVRIA 阿斯利康、Sinovac – CORONAVAC 中国科舆、Serum Institute of India 印度血清研究所 - COVISHIELD、Sinopharm 中国国药） | | | | 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?**  您是否曾经接种过新冠疫苗？  **☐ 是 ☐ 否 如果是，接种了哪种疫苗？** | | Moderna  莫德纳 | Pfizer  辉瑞 | | | | ☐ Janssen  强生 | | |
| **Please answer Q9 OR Q10a & 10b if you come for additional or booster dose**  **如果您是来接种追加剂或加强剂, 请回答问题9或10a和10b** | | | | | | | | | | |
| 9. | **For Additional Dose (immunocompromised patient) ONLY (Monovalent)**  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?  **如果您是来因罹患免疫功能缺陷接种追加剂：**距完全接种强生的单剂新冠疫苗, 辉瑞或莫德纳新冠疫苗系列的最后一剂疫苗至少间隔 4 周? | | | | | Yes 是 | | | No 否 | |
| 10a. | **For Booster Dose ONLY (Bivalent)**  Have you completed a primary vaccine series, that last dose (primary or monovalent booster) being at least 2 months ago?  **如果您是来接种二价加强剂：**距最后一次接种新冠疫苗（单价疫苗）至少间隔 2 个月? | | | | | Yes 是 | | | No 否 | |
| 10b. | Have you received JYNNEOS vaccine recently?  If yes, was the most recent dose at least 4 weeks ago?  **Yes  No**  您最近有接种天花/猴痘疫苗吗？  如果是，距最近一剂至少间隔 4 周吗？**☐ 是 ☐ 否** | | | | | 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.

**紧急使用授权** FDA已根据紧急使用授权（EUA）提供了新冠疫苗。EUA是需要在紧急情况下紧急使用药物和生物产品，例如目前新冠大流行。 该疫苗尚未完成与FDA批准或批准的产品相同类型的审查。 但是，FDA决定根据EUA提供疫苗的决定是基于公共卫生突发事件的存在以及可获得的全部科学证据，这表明疫苗的已知和潜在益处超过了已知和潜在风险。请注意：FDA批准辉瑞新冠疫苗为16岁及以上人群的两剂系列疫苗。 根据紧急使用授权（EUA）辉瑞疫苗可继续提供给特定人群，包括6个月至15岁的人群以及符合以下同意书中规定的特定人群。

**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.

**同意书** 我已阅读或已向我解释过有关新冠疫苗接种的信息。 我明白， 如果接受的疫苗是两剂系列疫苗，接种者需要接种两剂才能被视为完全接种疫苗。

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.

我有机会提出问题，这些问题的回答令我满意（并确保我有权代表的上述人员提供代理同意也有机会提问）。 我了解所描述的疫苗接种的益处和风险。

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种（或上面已获我授权的人提出请求并提供代理同意）。 我知道这种疫苗不会给接种者带来任何费用。 我了解将分配给疫苗的任何款项或利益， 并转移给提供疫苗接种者， 包括健康保险计划，Medicare， Medicaid或其他对我的医疗费用负有经济责任的第三方。 我授权发布所有必要的信息 （包括但不限于医疗记录， 医疗账单细则） 以核实付款情况， 以及其他公共卫生防疫目的所需的信息， 包括向当地卫生部门疫苗注册机构告。

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

我确认并同意，有关接种者的身份和所有疫苗接种的信息将被发布到纽约市范围内的免疫注册中心(CIR)。

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

接受疫苗接种者/代理人/监护人签名 日期/时间 正楷签名 接受疫苗接种者的关系

# Last, First Name: DOB:

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| --- | --- | --- | --- | --- | --- | --- |
| **Area Below to be Completed by Vaccinator**  **此处由提供疫苗接种者填写** | | | | | | |
| Which vaccine is the patient receiving today?  今天病人接种了哪种疫苗？ | | | | | | |
| Vaccine Name  疫苗名称 |  | | | | Fact Sheet Date  情况说明书日期 | Lot Number  批号 |
| Pfizer/BioNTech  辉瑞 | 1st Dose  第一剂 | 2nd Dose  第二剂 | Add. Dose  追加剂 | Booster Dose  二价加强剂 |  |  |
| Moderna  莫德纳 | 1st Dose  第一剂 | 2nd Dose  第二剂 | Add. Dose  追加剂 | Booster Dose  二价加强剂 |  |  |

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| Administration Site:  注射部位 | Left Deltoid  左手臂 | Right Deltoid  右手臂 |  |  |
|  |  |  |  |  |
| Dosage:  剂量： | 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)

我已经与接受疫苗接种者（和父母，监护人或代理人，如果适用）一起审查了不良反应

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.

我确认接受疫苗接种者（及其代理人，如果适用）有机会询问有关疫苗接种的问题以及他们提出的所有

问题（和/或他们的替代问题）均已尽我所能正确回答

Vaccinator Signature:

提供疫苗接种者签名