

Colorado COVID-19 Vaccine Screening and Administration Form



Please print neatly in capital letters as shown in the example below

E X A M P L E **1 2 3**

Please answer all questions as completely as possible

****Health Screening Questions and the administration record are on reverse side of this document**

Personal Information. Provide information as completely as you can. All information will be kept confidential.

Last Name			First Name			MI
Date of Birth		Street No. or PO Box		Street Name		
<small>M M / D D / Y Y Y Y</small>						
Apt. Number		City			County	
State	Zip Code	Phone		Gender Identity		
				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/> Unspecified <input type="checkbox"/> Decline to Provide		
E-mail						
Race(s) check all that apply				Ethnicity		
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Black, African American <input type="checkbox"/> Decline to Provide				<input type="checkbox"/> Hispanic/Latin/a/o/x <input type="checkbox"/> Non-Hispanic/Latin/a/o/x <input type="checkbox"/> Decline to Provide		

Health Insurance Information				Insurance Policy Number			
<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Kaiser Permanente <input type="checkbox"/> Other Private <input type="checkbox"/> No Insurance							

Have you already received a COVID vaccine? Y N **When? (Date)** _____ **Brand?** _____

Please identify your Phase Category (please choose only one)

<input type="checkbox"/> 1A. High-risk HCWs and LTC. <input type="checkbox"/> 1B.1-Moderate risk HCWs, age 70 +, and first responders <input type="checkbox"/> 1B.2-Ages 65-69, PK-12 educators and child care workers in licensed child care programs, continuity of state government: 1) Child care workers in licensed child care programs 2) Teachers (full-time and substitutes) bus, food, counselors, administrative, safety and other school support services offered inside the school; 3) Select members of the Executive and Judicial branches of state government <input type="checkbox"/> 1B.3 a. People age 60 and older, Frontline essential workers in grocery and agriculture: workers who cannot maintain physical distance at their place of employment, work in close contact with many people, especially indoors and in places with poor ventilation: meatpacking workers, grocery store workers, and agricultural processing workers <input type="checkbox"/> 1B.3 b. People age 16-59 with 2 or more high risk conditions: Check all that apply: <input type="checkbox"/> Cancer-currently receiving treatment or treated within the last month; <input type="checkbox"/> Chronic kidney disease <input type="checkbox"/> COPD <input type="checkbox"/> Diabetes Mellitus (type 1 and 2) <input type="checkbox"/> Down Syndrome <input type="checkbox"/> Specific heart conditions: <input type="checkbox"/> heart failure, <input type="checkbox"/> cardiomyopathies or coronary artery disease, <input type="checkbox"/> severe valvular/congenital heart disease <input type="checkbox"/> Obesity (BMI ≥ 30 kg/m ²) <input type="checkbox"/> Sickle cell disease <input type="checkbox"/> Solid organ transplant <input type="checkbox"/> People with disabilities that prevent them from wearing a mask.	<input type="checkbox"/> 1B.4 People who cannot maintain physical distance at their place of employment or who work in close contact indoors with many people or work in places with poor ventilation: People age 50 and older Student-facing higher education employees Frontline essential workers in: Food/restaurant services Manufacturing USPS Public transit and specialized transportation Public Health Human Services Direct Care providers to Colorado homeless population Frontline essential journalists Continuity of local government Continuation of operations for state government Adults who received a placebo during COVID vaccine clinical trials People 16-49 with one high risk conditions listed in 1.B.3 b or below: Asthma (moderate to severe) Cerebrovascular disease Cystic fibrosis High Blood Pressure Immunocompromised due to blood or bone marrow transplant Immune deficiencies due to corticosteroid use, HIV, or other immune weakening medicines Neurologic conditions (dementia) Liver disease Thalassemia (blood disorder)
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2. General Public: Any Coloradan not included in the other phases because of a lower risk of exposure or are less likely to have severe outcomes to COVID-19 disease.

