

THIS TEMPLATE IS NOT LEGAL ADVICE. TALK TO YOUR ATTORNEY FOR GUIDANCE.

# የ COVID-19 ክትባት ማጣሪያና ስምምነት

በዚህ ቅጽ የሚሰበሰበው መረጃ እርስዎ ክትባቱን (ክትባቶቹን) መውሰድዎን ለመመዝገብ ያገለግላል። ክትባቶቻችን የተመለከተው መረጃ ለሚኔሶታ ኢሙዩናይዜሽን የመረጃ ግንኙነት(MIIC) ከሌሎች የጤና እንክብካቤ አቅራቢዎች፣ ትምህርት ቤቶች፣ የጤና መምሪያዎች እና ሌሎች መረጃውን ለማግኘት በህግ ከተፈቀደላቸው አካላት ጋር ጨምሮ ሊገለጽ ይችላል። ማንኛውም ጥያቄዎች ካሉዎ እባክዎ ዶክተርዎን ወይም የጤና እንክብካቤ አቅራቢዎን ይጠይቁ። ስለ MIIC በተመለከተ ጥያቄዎች ካሉዎ [MIIC እና ህብረተሰቡ](http://www.health.state.mn.us/people/immunize/miic/public.html) ([www.health.state.mn.us/people/immunize/miic/public.html](http://www.health.state.mn.us/people/immunize/miic/public.html))ን ይመልከቱ ወይም በስልክ ቁጥር 1-800-657-3970 ይደውሉ።

**የጥቅማ ጥቅሞችና የክፍያ ኃላፊነቶች ምደባ:** ይህ ለጤና እቅድዎ ወይም ኩባንያዎ እንደንከፍልና በቀጥታ ክፍያ እንደንቀበል ያስችላል።

ለዚህ የጤና እንክብካቤ አቅራቢ እኔን ወክሎ የጤና እቅድዎን ወይም ሌሎች ክፍያዎችን እንዲከፍል እና የተፈቀዱ ጥቅማ ጥቅሞች ክፍያን እንዲቀበል ፍቃድ ሰጥቼዋለሁ።

## የግንኙነት መረጃ – ክትባት የሚወስደው ሰው

- የታካሚ ስም (የአያት ስም፣ ስም፣ የአባት ስም):
- የትውልድ ቀን:
- ዕድሜ:
- የመጀመሪያ ስልክ ቁጥር:
- አድራሻ (መንገድ ወይም የመ.ሣ. ቁጥር):
- ከተማ:
- ግዛት:
- ዚፕ ኮድ:
- የእናት ስም (የአያት ስም፣ ስም፣ የአባት ስም - ዕድሜዎ ከ18 አመት በታች ከሆነ):
- የእናት የየግል ስም (ዕድሜዎ ከ18 አመት በታች ከሆነ):

## የክፍያ መረጃ

የኢንሹራንስ ካርድዎን ኮፒ ይዘው ይምጡ!

**የመጀመሪያ ኢንሹራንስ ያዥ:**  
 ፖሊሲ/ID/የአባል ቁጥር:  
 የቡድን ቁጥር:

**ሁለተኛ ኢንሹራንስ ያዥ:**  
 ፖሊሲ/ID/የአባል ቁጥር:  
 የቡድን ቁጥር:

**የፖሊሲ ያዥ፣ ክትባት ከሚወስደው ሰው የተለየ ከሆነ:**

- ስም:
- የትውልድ ቀን:
- የኩባንያ ክፍያ:
- የኩባንያ ስም:

ክትባቱን የሚወስደው ሰው የመድን ዋስትና ከሌለው እዚህ ላይ ምልክት ያድርጉ።

## ስምምነት

ከዚህ በታች በመፈረም የሚከተሉትን መረዳቱን፣ መገንዘቤን፣ መፍቀዴን እና መስማማቱን አረጋግጣለሁ፡

- ለሚከተለው የ COVID-19 ክትባት [የክትባት ምርቱን ስም ያስገቡ] የአስቸኳይ ጊዜ አጠቃቀም ፍቃድ መስጫ የመረጃ ቅጽ የተሰጠኝ እና ያነበብኩት ወይም የተብራራልኝ መሆኑን፤
- ጥያቄዎች የምጠይቅበት እድል የተሰጠኝና ለእኔ አርቢ በሆነ መልኩ መልስ የተሰጠኝ መሆኑን እና በተገለጸልኝ መሰረት የ COVID-19 ክትባትን የመውሰድ ጥቅሞችና ስጋቶችን የተረዳሁ መሆኑን፤
- ለራሴ ወይም ከላይ ለተገለጸው ግለሰብ የ COVID-19 ክትባትን ለመውሰድ የተስማማሁ መሆኑን።

የታካሚ ወይም ወላጅ/አሳዳጊ ፊርማ: \_\_\_\_\_ ቀን: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## የጤና ታሪክ

ከሚከተሉት መካከል ለየትኛውም ጥያቄዎች መልስዎ አዎ ከሆነ ክትባቱን የሚሰጥዎ ሰው ክትባቱን ከመውሰድዎ በፊተት ከእርስዎ ተጨማሪ መረጃ ማግኘት ሊፈልግ ይችላል፡

አዎ	አይደለም	አይታወቅም	ጥያቄ
አዎ	አይደለም		የ COVID-19 ክትባትን ለመውሰድ በሚያስችልዎ ትክክለኛው እድሜ ላይ ነዎት? <ul style="list-style-type: none"> <li>• Pfizer-BioNTech:- 6 ወር ወይም ከዚያ በላይ መሆን አለበት።</li> <li>• Moderna ክትባት:- 6 ወር ወይም ከዚያ በላይ መሆን አለበት።</li> <li>• Novavax ክትባት:- 12 ዓመት እና ከዚያ በላይ መሆን አለብዎት።</li> </ul>
አዎ	አይደለም	አይታወቅም	የ HIV በሽታ፣ ሌላ የሰውነት በሽታን የመከላከል አቅም የሚያዳክሙ ሁኔታዎች አለብዎት? ወይም የሰውነትን በሽታ የመከላከል አቅም የሚጨምሩ መድሀኒቶችን ወይም ችግሩን ለማስወገድ ህክምናዎችን ይወስዳሉ?
አዎ	አይደለም	አይታወቅም	ያለፈውን ዶዝ ወይም የ COVID-19 ክትባት ክፍል ከወሰዱ በኋላ ከባድ አለርጂ (ምሳ: አናፈላክሲስ) አጋጥሞታል?
አዎ	አይደለም	አይታወቅም	ከዚህ ቀደም ለወሰዱት የ COVID-19 ዶዝ ፈጣን፣ ወድያዉ የተፈጠረ፣ ከባድ ያልሆነ የአለርጂክ ግብረመልስ (በ 4 ሰዓት ውስጥ) አጋጥሞታል ወይም ለክትባቱ የተወሰነ ክፍል ወይም ማንኛውም ንጥረ ነገሮች የታወቀ (በምርመራ የተገኘ) አለርጂ አለብዎት?
አዎ	አይደለም	አይታወቅም	ለማንኛውም ሌላ ክትባት (የ COVID-19 ያልሆነ) ወይም በመርፌ ለሚሰጥ ህክምና (ምሳሌ:- በጡንቻ የሚሰጡ (በጡንቻ ውስጥ መካከል)፣ በደም ስር ውስጥ የሚሰጡ (የደም ስር)፣ ወይም በስብ ህብረ ሀዋስ ውስጥ የሚሰጡ (በቆዳ ስር) መርፌዎች) ፈጣን ወድያዉ የሚፈጠር የአለርጂ ግብረ መልስ ነበርዎት? ለአለርጂ የሚሰጡ መርፌዎችን አይጨምርም።
አዎ	አይደለም	አይታወቅም	በዛሬው እለት ህመም ይሰማዎታል?
አዎ	አይደለም	አይታወቅም	በ COVID-19 ከታመሙ በኋላ የ Multisystem Inflammatory Syndrome ታሪክ ነበርዎት?
አዎ	አይደለም	አይታወቅም	ከዚህ ቀደም ከ Moderna፣ Pfizer-BioNTech ወይም Novavax የ COVID-19 ክትባት በኋላ የማዮካርዳይቲስ (myocarditis) ወይም ፐሪካርዳይቲስ (pericarditis) ታሪክ አልዎት?
አዎ	አይደለም	አይታወቅም	ባለፉት 4 ሰዎንታት ውስጥ ማንኛውም ሌሎች ክትባቶች ወስደዋል?
አዎ	አይደለም	አይታወቅም	በታወቀ በየ COVID-19 በሽታ የተያዘ መያዘ የታወቀ ሌላ ሰው ጋር ተጋላጭ በመሆንም ምክንያት ኪራንቲን ከሌሎች እንድላይ እንዲያደርፉ ተጠይቀው ነበር?
አዎ	አይደለም	ተግባራዊ አይሆንም	የ COVID-19 ክትባት ዶዝ ወስደዋል? መልስዎ አዎ ከሆነ የክትባት ምርቱን እና የወሰዱበትን ቀን ይግለጹ፡

## ከዚህ መስመር በታች አይጻፉ

**COVID-19 VACCINE SCREENING AND AGREEMENT**

## Vaccine information

<b>COVID-19 Vaccine Presentation<sup>1</sup></b>	<b>EUA Fact Sheet Date</b>	<b>Route<sup>2</sup></b>	<b>Manufacturer<sup>3</sup></b>	<b>Lot Number</b>	<b>Admin Site<sup>4</sup></b>	<b>Person Admin<sup>5</sup></b>
COVID-19 Comirnaty (Pfizer) 12 years and older (gray cap), 0.3 mL		IM	PFR			
COVID-19 Pfizer 5-11 years (blue cap), 0.3 mL		IM	PFR			
COVID-19 Pfizer 6 months-4 years (yellow cap), 0.3 mL		IM	PFR			
COVID-19 Spikevax (Moderna) 12 years and older (blue cap/blue label), 0.5 mL		IM	MOD			
COVID-19 Moderna 6- 11 years (blue cap/green label), 0.25 mL		IM	MOD			
COVID-19 (Novavax), 0.5 mL		IM	NVX			

- COVID-19 Vaccine Presentation** = lists specific product name (e.g., Pfizer, Moderna, Novavax, etc.)
- Route:** IM = Intramuscular
- Manufacturer:** MOD = Moderna, PFR = Pfizer, NVX= Novavax
- Site Vaccine Given:** LD = Left Deltoid, RD = Right Deltoid, LT = Left Thigh, RT = Right Thigh
- Signature or initials of person administering vaccine:** Can be used if more than one person is administering vaccines.

Signature and title of person administering vaccine: \_\_\_\_\_

Date administered: \_\_\_/\_\_\_/\_\_\_\_\_

## Information for health care professionals about the pre-vaccination form for COVID-19 vaccine

[For health care providers, not for the patient]

This information is derived from the [CDC: Use of COVID-19 Vaccines in the United States \(www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html\)](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html). We will reference this document as CDC's Interim Clinical Considerations below and note specific sections where information can be found.

### Age

Follow recommendations for vaccine administration to authorized age groups found under each vaccine product's emergency use authorization (EUA) or package insert. For Moderna, Novavax and Pfizer-BioNTech COVID-19 vaccine primary series doses, an 8-week interval is suggested between dose one and two for immunocompetent people 6 months to 64 years of age, and especially males 12-39 years.

### Immediate allergic reaction

An immediate allergic reaction to a vaccine or medication is defined as any hypersensitivity-related signs or symptoms such as urticaria (hives), angioedema (painless swelling under the skin, often happens with hives), respiratory distress (e.g., wheezing, stridor), or anaphylaxis that occur within four hours following administration.

### Have you had a severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine?

CDC considers this to be a contraindication to vaccination with COVID-19 vaccines. People with an allergy-related contraindication to one type of COVID-19 vaccine have a contraindication or precaution to the other types of COVID-19 vaccines. For additional details, refer to the following sections of CDC's Interim Clinical Considerations: Contraindications and precautions and Appendix E: Triage of people with a history of allergies or allergic reactions. For a full list of ingredients included in COVID-19 vaccines, refer to [FDA: COVID-19 Vaccines \(www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines\)](https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines) and [CDC: U.S. COVID-19 Vaccine Product Information \(www.cdc.gov/vaccines/covid-19/info-by-product/index.html\)](https://www.cdc.gov/vaccines/covid-19/info-by-product/index.html).

### Have you had an immediate, non-severe allergic reaction to a previous dose or known (diagnosed) allergy to a component of the COVID-19 vaccine or any of its ingredients?

CDC considers this to be a precaution to vaccination with COVID-19 vaccines. Non-severe allergic reactions may include urticaria (hives) beyond the injection site and angioedema (visible swelling) involving lips, facial skin, or skin in other locations. Angioedema affecting the airway (e.g., tongue, uvula, or larynx) would be a **severe** allergic reaction. For additional details, refer to the following sections of CDC's Interim Clinical Considerations: Contraindications and precautions and Appendix E: Triage of people with a history of allergies or allergic reactions. For a full list of ingredients included in COVID-19 vaccines, refer to COVID-19 vaccine-specific [FDA: COVID-19 Vaccines](https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines) and [U.S. COVID-19 Vaccine Product Information](https://www.cdc.gov/vaccines/covid-19/info-by-product/index.html).

### Immediate allergic reaction to any other vaccines (non-COVID-19) or injectable therapy (intramuscular, intravenous, or subcutaneous)? Does not include allergy shots.

People with a history of an immediate allergic reaction to a non-COVID-19 vaccine or injectable therapy that contains multiple components, one or more of which is a component of a COVID-19 vaccine, but it is unknown which component elicited the allergic reaction, have a precaution to vaccination with that COVID-19 vaccine. These people may benefit from consultation with an allergist-immunologist who can perform a more detailed risk

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assessment for COVID-19 vaccine receipt and possibly allergy testing. For additional details, refer to the following sections of CDC's Interim Clinical Considerations: Contraindications and precautions and Appendix E: Triage of people with a history of allergies or allergic reactions.

### **Are you feeling sick today?**

There is no evidence that someone who is sick when vaccinated will decrease the vaccine's effectiveness or increase vaccine adverse events. If a person has COVID-19 symptoms, they should isolate following current guidelines, get tested, and if necessary, seek medical care. As a precaution, when someone is moderately to severely ill, all vaccines should be delayed until the illness has improved. A person who is mildly ill (e.g., diarrhea, upper respiratory infection, etc.), can still receive a vaccine, including people who are taking an antibiotic.

People should be offered vaccination regardless of their history of symptomatic or asymptomatic COVID-19 infection, including people with prolonged post-COVID-19 symptoms. Vaccination of people with known current COVID-19 infection should be deferred until at least the person has recovered from the acute illness (if the person had symptoms) and they have met criteria to discontinue isolation. This recommendation applies to people who experience COVID-19 infection before receiving any COVID-19 vaccine dose. For details, including additional information on delaying vaccine doses, refer to the following section of CDC's Interim Clinical Considerations: COVID-19 vaccination and SARS-CoV-2 infection.

### **Have a history of Multisystem Inflammatory Syndrome after SARS-CoV-2 infection?**

Given the lack of data on the safety of COVID-19 vaccines in people with a history of MIS-C and MIS-A, a conversation between the patient, their guardian(s), and their clinical team or a specialist (e.g., specialist in infectious diseases, rheumatology, or cardiology) is strongly encouraged to assist with decisions about the use of COVID-19 vaccines. Additional details can be found in the following section of CDC's Interim Clinical Considerations: COVID-19 vaccination and MIS-C and MIS-A section.

### **Have a history of myocarditis or pericarditis after a previous dose of Moderna, Pfizer-BioNTech, or Novavax COVID-19 vaccine?**

CDC considers this to be a precaution to vaccination with mRNA COVID-19 vaccines (i.e., Moderna or Pfizer-BioNTech) or Novavax COVID-19 vaccine. Refer to their primary care provider to receive an assessment of their current health condition and assessment of individual benefits and risks. For more details, refer to the following section of CDC's Interim Clinical Considerations: COVID-19 vaccination and myocarditis and pericarditis.

### **Have you had any other vaccinations in the last 4 weeks?**

Because of the observed risk for myocarditis after receipt of ACAM2000 orthopoxvirus vaccine and mRNA (i.e., Moderna and Pfizer-BioNTech) and Novavax COVID-19 vaccines and the unknown risk for myocarditis after JYNNEOS, people, particularly adolescent or young adult males, might consider waiting 4 weeks after orthopoxvirus vaccination (either JYNNEOS or ACAM2000) before receiving a Moderna, Novavax, or Pfizer-BioNTech COVID-19 vaccine. However, if an orthopoxvirus vaccine is recommended for prophylaxis in the setting of an outbreak, orthopoxvirus vaccination should not be delayed because of recent receipt of a Moderna, Novavax, or Pfizer-BioNTech COVID-19 vaccine; no minimum interval between COVID-19 vaccination with these vaccines and orthopoxvirus vaccination is necessary.

### **Have you ever received a dose of COVID-19 vaccine?**

Refer to the following sections of CDC's Interim Clinical Considerations: COVID-19 vaccination overview and timing, spacing and interchangeability. Verify a person's age, what vaccine they have received, and the date(s) of prior dose(s) to assure the correct vaccine product and dose interval is used.

### **Other considerations**

- **Chronic health condition** – is not a contraindication or precaution for vaccination.

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- **Immunocompromised conditions** (e.g., HIV infection, immunosuppressive medications, or therapies, etc.) – immunocompromised people age 6 months and older should receive a COVID-19 vaccine series as soon as possible. They should be counseled regarding the potential for reduced immune responses and that the vaccine may not fully protect them. People need to continue to follow current guidance to protect themselves.
  - **Moderately or severely immunocompromised** – Because the immune response following COVID-19 vaccination may differ in moderately or severely immunocompromised people, CDC has specific guidance for this population. For more details, refer to the following sections of the CDC’s Interim Clinical Considerations for Use of COVID-19 Vaccines: COVID-19 Vaccines, Recommendations, and Schedule for People who are moderately or severely immunocompromised.
- **Bleeding disorder or are taking a blood thinner** – recommended to use a fine-gauge needle (23 gauge or smaller) for the vaccination, followed by firm pressure on the site, without rubbing, for at least 2 minutes.
- **Dermal filler(s)** – advise to contact their health care provider for evaluation if they develop swelling at or near the site of dermal filler following vaccination. For additional details, refer to the following section of CDC’s Interim Clinical Considerations: Special Populations.
- **Pregnant** – Both CDC and ACOG urge that pregnant people be vaccinated. Pregnant and recently pregnant people with COVID-19 are at increased risk for severe illness when compared with non-pregnant people. Early data supports that vaccination is well-tolerated and elicits a protective immune response. For details, refer to the following section of CDC’s Interim Clinical Considerations: Consideration involving pregnancy, lactation, and fertility.
- **Passive antibody therapy for prevention or treatment for COVID-19** – COVID-19 vaccination can be given at any time following receipt of antibody products as part of COVID-19 treatment, post-exposure prophylaxis, or pre-exposure prophylaxis once the isolation or quarantine period has been completed. For details, refer to the following section of CDC’s Interim Clinical Considerations: COVID-19 vaccination and SARS-CoV-2 infection.
- **COVID-19 vaccines and myocarditis and pericarditis** – Ongoing safety monitoring of the mRNA and Novavax COVID-19 vaccines has found increased risks of myocarditis and pericarditis, predominantly in males 12-39 years of age within the first week of receiving the second dose.

An 8-week interval between the first and second doses of an Moderna, Pfizer-BioNTech, and Novavax COVID-19 vaccine primary series may be optimal for some people ages 6 months–64 years, especially for males ages 12–39 years, as it may reduce the small risk of myocarditis/pericarditis associated with mRNA and Novavax COVID-19 vaccines.

Clinicians should consult the following section of CDC’s Interim Clinical Considerations for Use of COVID-19 Vaccines: Safety considerations for COVID-19 vaccines or the [CDC: Clinical Considerations: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#myocarditis-pericarditis>](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#myocarditis-pericarditis) when deciding whether to administer a COVID-19 vaccine to someone with a history of myocarditis or pericarditis or when a patient presents with symptoms of myocarditis or pericarditis.

Find EUA fact sheets for health care providers and recipients and caregivers at [FDA: COVID-19 Vaccines \(\[www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines\]\(https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines\)\)](https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines).