



Registration Packet

COVID-19 Vaccination Program

Mesquite, Virgin Valley and The Arizona Strip



Thank you for your interest in being vaccinated against COVID-19!

This Packet Includes The Following Items:

- ✓ Fact Sheet For Recipients and Caregivers about the Moderna COVID-19 Vaccine for Individuals 18 and Older
- ✓ V-Safe smartphone Tool Description - If You Are Interested In Health Monitoring
- ✓ Form #1: COVID-19 Vaccine Administration Record & Informed Consent
- ✓ Form #2: Red Cap Aggregate COVID-19 Administration Report

HOW TO MAKE AN APPOINTMENT FOR THE VACCINE:

For The Fastest Way To Schedule An Appointment Visit:

vaccinatemesquitenv.org

Then Follow These Steps:

- A** Please Review the Moderna Fact Sheet - If You Have Questions About Medical Conditions or Medications - Ask Your Primary Care Provider
- B** Select and Confirm Your Appointment Day and Time Slot
- C** Print and Fill Out BOTH Forms: #1 and #2 From the Online Packet and Bring Them With You a Few Minutes Ahead of Your Appointment
- D** Plan on Waiting 15 to 30 Minutes After Your Injection Before You Leave the Vaccination Site
- E** For those who do not have a computer printer, packets are available at two locations: Mesa View Hospital ER Entrance and City Hall
- F** Help is also available by calling: 702-346-8446, or In Person at City Hall: Monday-Thursday, 7:30am to 5:00pm and Friday 7:30am to 11:30am



**FACT SHEET FOR RECIPIENTS AND CAREGIVERS
EMERGENCY USE AUTHORIZATION (EUA) OF
THE MODERNA COVID-19 VACCINE TO PREVENT CORONAVIRUS DISEASE 2019
(COVID-19) IN INDIVIDUALS 18 YEARS OF AGE AND OLDER**

You are being offered the Moderna COVID-19 Vaccine to prevent Coronavirus Disease 2019 (COVID-19) caused by SARS-CoV-2. This Fact Sheet contains information to help you understand the risks and benefits of the Moderna COVID-19 Vaccine, which you may receive because there is currently a pandemic of COVID-19.

The Moderna COVID-19 Vaccine is a vaccine and may prevent you from getting COVID-19. There is no U.S. Food and Drug Administration (FDA) approved vaccine to prevent COVID-19.

Read this Fact Sheet for information about the Moderna COVID-19 Vaccine. Talk to the vaccination provider if you have questions. It is your choice to receive the Moderna COVID-19 Vaccine.

The Moderna COVID-19 Vaccine is administered as a 2-dose series, 1 month apart, into the muscle.

The Moderna COVID-19 Vaccine may not protect everyone.

This Fact Sheet may have been updated. For the most recent Fact Sheet, please visit www.modernatx.com/covid19vaccine-eua.

WHAT YOU NEED TO KNOW BEFORE YOU GET TIDS VACCINE

WHAT IS COVID-19?

COVID-19 is caused by a coronavirus called SARS-CoV-2. This type of coronavirus has not been seen before. You can get COVID-19 through contact with another person who has the virus. It is predominantly a respiratory illness that can affect other organs. People with COVID-19 have had a wide range of symptoms reported, ranging from mild symptoms to severe illness. Symptoms may appear 2 to 14 days after exposure to the virus. Symptoms may include: fever or chills; cough; shortness of breath; fatigue; muscle or body aches; headache; new loss of taste or smell; sore throat; congestion or runny nose; nausea or vomiting; diarrhea.

WHAT IS THE MODERNA COVID-19 VACCINE?

The Moderna COVID-19 Vaccine is an unapproved vaccine that may prevent COVID-19. There is no FDA-approved vaccine to prevent COVID-19.

The FDA has authorized the emergency use of the Moderna COVID-19 Vaccine to prevent COVID-19 in individuals 18 years of age and older under an Emergency Use Authorization (EUA).

For more information on EUA, see the “**What is an Emergency Use Authorization (EUA)?**” section at the end of this Fact Sheet.

WHAT SHOULD YOU MENTION TO YOUR VACCINATION PROVIDER BEFORE YOU GET THE MODERNA COVID-19 VACCINE?

Tell your vaccination provider about all of your medical conditions, including if you:

- have any allergies
- have a fever
- have a bleeding disorder or are on a blood thinner
- are immunocompromised or are on a medicine that affects your immune system
- are pregnant or plan to become pregnant
- are breastfeeding
- have received another COVID-19 vaccine

WHO SHOULD GET THE MODERNA COVID-19 VACCINE?

FDA has authorized the emergency use of the Moderna COVID-19 Vaccine in individuals 18 years of age and older.

WHO SHOULD NOT GET THE MODERNA COVID-19 VACCINE?

You should not get the Moderna COVID-19 Vaccine if you:

- had a severe allergic reaction after a previous dose of this vaccine
- had a severe allergic reaction to any ingredient of this vaccine

WHAT ARE THE INGREDIENTS IN THE MODERNA COVID-19 VACCINE?

The Moderna COVID-19 Vaccine contains the following ingredients: messenger ribonucleic acid (mRNA), lipids (SM-102, polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG], cholesterol, and 1,2-distearoyl-sn-glycero-3-phosphocholine [DSPC]), tromethamine, tromethamine hydrochloride, acetic acid, sodium acetate, and sucrose.

HOW IS THE MODERNA COVID-19 VACCINE GIVEN?

The Moderna COVID-19 Vaccine will be given to you as an injection into the muscle.

The Moderna COVID-19 Vaccine vaccination series is 2 doses given 1 month apart.

If you receive one dose of the Moderna COVID-19 Vaccine, you should receive a second dose of the same vaccine 1 month later to complete the vaccination series.

HAS THE MODERNA COVID-19 VACCINE BEEN USED BEFORE?

The Moderna COVID-19 Vaccine is an unapproved vaccine. In clinical trials, approximately 15,400 individuals 18 years of age and older have received at least 1 dose of the Moderna COVID-19 Vaccine.

WHAT ARE THE BENEFITS OF THE MODERNA COVID-19 VACCINE?

In an ongoing clinical trial, the Moderna COVID-19 Vaccine has been shown to prevent COVID-19 following 2 doses given 1 month apart. The duration of protection against COVID-19 is currently unknown.

WHAT ARE THE RISKS OF THE MODERNA COVID-19 VACCINE?

Side effects that have been reported with the Moderna COVID-19 Vaccine include:

- Injection site reactions: pain, tenderness and swelling of the lymph nodes in the same arm of the injection, swelling (hardness), and redness
- General side effects: fatigue, headache, muscle pain, joint pain, chills, nausea and vomiting, and fever

There is a remote chance that the Moderna COVID-19 Vaccine could cause a severe allergic reaction. A severe allergic reaction would usually occur within a few minutes to one hour after getting a dose of the Moderna COVID-19 Vaccine. For this reason, your vaccination provider may ask you to stay at the place where you received your vaccine for monitoring after vaccination. Signs of a severe allergic reaction can include:

- Difficulty breathing
- Swelling of your face and throat
- A fast heartbeat
- A bad rash all over your body
- Dizziness and weakness

These may not be all the possible side effects of the Moderna COVID-19 Vaccine. Serious and unexpected side effects may occur. The Moderna COVID-19 Vaccine is still being studied in clinical trials.

WHAT SHOULD I DO ABOUT SIDE EFFECTS?

If you experience a severe allergic reaction, call 9-1-1, or go to the nearest hospital.

Call the vaccination provider or your healthcare provider if you have any side effects that bother you or do not go away.

Report vaccine side effects to **FDA/CDC Vaccine Adverse Event Reporting System (VAERS)**. The VAERS toll-free number is 1-800-822-7967 or report online to <https://vaers.hhs.gov/reportevent.html>. Please include “Moderna COVID-19 Vaccine EUA” in the first line of box #18 of the report form.

In addition, you can report side effects to ModernaTX, Inc. at 1-866-MODERNA (1-866-663-3762).

You may also be given an option to enroll in **v-safe**. **V-safe** is a new voluntary smartphone-based tool that uses text messaging and web surveys to check in with people who have been vaccinated to identify potential side effects after COVID-19 vaccination. **V-safe** asks questions that help CDC monitor the safety of COVID-19 vaccines. **V-safe** also provides second-dose reminders if needed and live telephone follow-up by CDC if participants report a significant health impact following COVID-19 vaccination. For more information on how to sign up, visit: www.cdc.gov/vsafe.

WHAT IF I DECIDE NOT TO GET THE MODERNA COVID-19 VACCINE?

It is your choice to receive or not receive the Moderna COVID-19 Vaccine. Should you decide not to receive it, it will not change your standard medical care.

ARE OTHER CHOICES AVAILABLE FOR PREVENTING COVID-19 BESIDES MODERNA COVID-19 VACCINE?

Currently, there is no FDA-approved alternative vaccine available for prevention of COVID-19. Other vaccines to prevent COVID-19 may be available under Emergency Use Authorization.

CAN I RECEIVE THE MODERNA COVID-19 VACCINE WITH OTHER VACCINES?

There is no information on the use of the Moderna COVID-19 Vaccine with other vaccines.

WHAT IF I AM PREGNANT OR BREASTFEEDING?

If you are pregnant or breastfeeding, discuss your options with your healthcare provider.

WILL THE MODERNA COVID-19 VACCINE GIVE ME COVID-19?

No. The Moderna COVID-19 Vaccine does not contain SARS-CoV-2 and cannot give you COVID-19.


KEEP YOUR VACCINATION CARD

When you receive your first dose, you will get a vaccination card to show you when to return for your second dose of the Moderna COVID-19 Vaccine. Remember to bring your card when you return.

ADDITIONAL INFORMATION

If you have questions, visit the website or call the telephone number provided below.

To access the most recent Fact Sheets, please scan the QR code provided below.

Moderna COVID-19 Vaccine website	Telephone number
www.modernatx.com/covid19vaccine-eua 	1-866-MODERNA (1-866-663-3762)

HOW CAN I LEARN MORE?

- Ask the vaccination provider
- Visit CDC at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- Visit FDA at <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization>
- Contact your state or local public health department

WHERE WILL MY VACCINATION INFORMATION BE RECORDED?

The vaccination provider may include your vaccination information in your state/local jurisdiction's Immunization Information System (IIS) or other designated system. This will ensure that you receive the same vaccine when you return for the second dose. For more information about IISs, visit: <https://www.cdc.gov/vaccines/programs/iis/about.html>.

WHAT IS THE COUNTERMEASURES INJURY COMPENSATION PROGRAM?

The Countermeasures Injury Compensation Program (CICP) is a federal program that may help pay for costs of medical care and other specific expenses of certain people who have been seriously injured by certain medicines or vaccines, including this vaccine. Generally, a claim must be submitted to the CICP within one (1) year from the date of receiving the vaccine. To learn more about this program, visit www.hrsa.gov/cicp/ or call 1-855-266-2427.

WHAT IS AN EMERGENCY USE AUTHORIZATION (EUA)?

The United States FDA has made the Moderna COVID-19 Vaccine available under an emergency access mechanism called an EUA. The EUA is supported by a Secretary of Health and Human Services (HHS) declaration that circumstances exist to justify the emergency use of drugs and biological products during the COVID-19 pandemic.

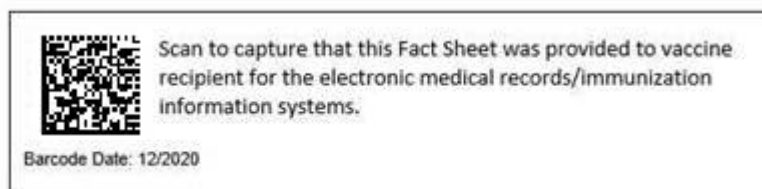
The Moderna COVID-19 Vaccine has not undergone the same type of review as an FDA-approved or cleared product. FDA may issue an EUA when certain criteria are met, which includes that there are no adequate, approved, and available alternatives. In addition, the FDA decision is based on the totality of the scientific evidence available showing that the product may be effective to prevent COVID-19 during the COVID-19 pandemic and that the known and potential benefits of the product outweigh the known and potential risks of the product. All of these criteria must be met to allow for the product to be used during the COVID-19 pandemic.

The EUA for the Moderna COVID-19 Vaccine is in effect for the duration of the COVID-19 EUA declaration justifying emergency use of these products, unless terminated or revoked (after which the products may no longer be used).

©2020 ModernaTX, Inc. All rights reserved.

Patent(s): www.modernatx.com/patents

Revised: 12/2020





Get vaccinated. Get your smartphone. Get started with v-safe.

What is v-safe?

V-safe is a smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins after you receive a COVID-19 vaccination. Through **v-safe**, you can quickly tell CDC if you have any side effects after getting the COVID-19 vaccine. Depending on your answers, someone from CDC may call to check on you. And **v-safe** will remind you to get your second COVID-19 vaccine dose if you need one.

Your participation in CDC's **v-safe** makes a difference—it helps keep COVID-19 vaccines safe.

How can I participate?

Once you get a COVID-19 vaccine, you can enroll in **v-safe** using your smartphone. Participation is voluntary and you can opt out at any time. You will receive text messages from **v-safe** around 2 p.m. local time. To opt out, simply text "STOP" when **v-safe** sends you a text message. You can also start **v-safe** again by texting "START."

How long do v-safe check-ins last?

During the first week after you get your vaccine, **v-safe** will send you a text message each day to ask how you are doing. Then you will get check-in messages once a week for up to 5 weeks. The questions **v-safe** asks should take less than 5 minutes to answer. If you need a second dose of vaccine, **v-safe** will provide a new 6-week check-in process so you can share your second-dose vaccine experience as well. You'll also receive check-ins 3, 6, and 12 months after your final dose of vaccine.

Is my health information safe?

Yes. Your personal information in **v-safe** is protected so that it stays confidential and private.*



Use your smartphone to tell CDC about any side effects after getting the COVID-19 vaccine. You'll also get reminders if you need a second vaccine dose.



Sign up with your smartphone's browser at vsafe.cdc.gov

OR

Aim your smartphone's camera at this code



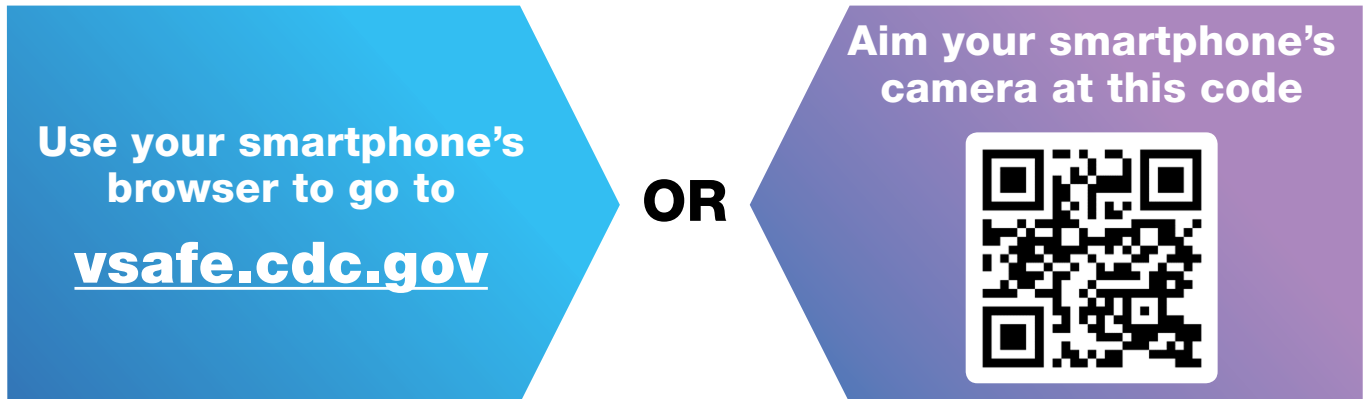
*To the extent **v-safe** uses existing information systems managed by CDC, FDA, and other federal agencies, the systems employ strict security measures appropriate for the data's level of sensitivity.

How to register and use v-safe

You will need your smartphone and information about the COVID-19 vaccine you received. This information can be found on your vaccination record card; if you cannot find your card, please contact your healthcare provider.

Register

1. Go to the **v-safe** website using one of the two options below:



2. Read the instructions. Click **Get Started**.
3. Enter your name, mobile number, and other requested information. Click **Register**.
4. You will receive a text message with a verification code on your smartphone. Enter the code in **v-safe** and click **Verify**.
5. At the top of the screen, click **Enter vaccine information**.
6. Select which COVID-19 vaccine you received (found on your vaccination record card; if you cannot find your card, please contact your healthcare provider). Then enter the date you were vaccinated. Click **Next**.
7. Review your vaccine information. If correct, click **Submit**. If not, click **Go Back**.
8. **Congrats! You're all set!** If you complete your registration before 2 p.m. local time, **v-safe** will start your initial health check-in around 2 p.m. that day. If you register after 2 p.m., **v-safe** will start your initial health check-in immediately after you register — just follow the instructions. You will receive a reminder text message from v-safe when it's time for the next check-in — around 2 p.m. local time. Just click the link in the text message to start the check-in.

Complete a v-safe health check-in

1. When you receive a **v-safe** check-in text message on your smartphone, click the link when ready.
2. Follow the instructions to complete the check-in.

Troubleshooting

How can I come back and finish a check-in later if I'm interrupted?

- Click the link in the text message reminder to restart and complete your check-in.

How do I update my vaccine information after my second COVID-19 vaccine dose?

- **V-safe** will automatically ask you to update your second dose information. Just follow the instructions.

Need help with v-safe?

Call 800-CDC-INFO (800-232-4636)

TTY 888-232-6348

Open 24 hours, 7 days a week

Visit www.cdc.gov/vsafe





COVID-19 Vaccine Administration Record & Informed Consent Form #1

Patient's Name: _____ Birth Date: ____/____/____ Age: _____
Last First Middle Month/Day/Year

Street Address: _____
APT # CITY STATE ZIP CODE

Phone Number: _____ Gender: Female Male: Transgender: Female to Male Male to Female

Language most comfortable speaking: _____ Do you need an Interpreter? Yes No

Hearing Impaired or need sign language Interpreter services? Yes No

Patient Emergency Contact: (For emergency only such as passing out or needing to be taken to a hospital)

Name: _____ Relationship: _____ Phone Number: _____

Please answer the questions below to help us determine if there is any reason you should not get the COVID-19 vaccine today. If you need help, please ask a staff person.

IS THE PERSON RECEIVING THE COVID-19 VACCINE:	Yes	No	Don't Know
1. Feeling sick today?			
2. Ever received COVID Vaccine before? If yes, what product? <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Other			
3. Ever had a severe allergic reaction (e.g., anaphylaxis) to something? For example, a reaction for which you were treated with epinephrine or EpiPen® or that you had to go to the hospital?			
• Was the severe allergic reaction after receiving a COVID-19 vaccine?			
• Was the severe allergic reaction after receiving another vaccine or injectable medication?			
4. Received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19?			
5. Received <u>any</u> vaccine within the past 30 days?			
6. Ever had a positive test for COVID-19 or had a doctor ever told you that you had COVID-19?			
7. Have a weakened immune system caused by something such as HIV Infection or cancer or take immunosuppressive drugs or therapies?			
8. Have a bleeding disorder or taking a blood thinner?			
9. FOR FEMALES 9 years or older: Are you pregnant or breastfeeding?			

Informed Consent: I answered all the questions correctly to the best of my knowledge. I have read or have read explained to me the information contained in the EUA Fact Sheet or VIS about COVID-19 disease/vaccine. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the vaccine and request this vaccine be given to me or to the person named above for whom I am authorized to make this request. I answered all the questions correctly to the best of my knowledge. I ACKNOWLEDGE THAT A COPY OF THE "NOTICE OF PRIVACY PRACTICE" HAS BEEN MADE AVAILABLE TO ME.

SIGN HERE: Dose 1: _____ Date: _____
 Self Parent/Guardian

Body Temp. Dose: 1 _____							
Vaccine	Date Given	Dose #	MFG & Lot #	Site	Route	EUA/VIS Date	Administered & Reviewed by:
COVID-19		1		LA RA	IM		

NV Web IZ Record # _____ Data Entry by (Initials): _____

Body Temp. Dose: 2 _____							
Vaccine	Date Given	Dose #	MFG & Lot #	Site	Route	EUA/VIS Date	Administered & Reviewed by:
COVID-19		2		LA RA	IM		

NV Web IZ Record # _____ Data Entry by (Initials): _____

SIGN HERE: Dose 2: _____ Date: _____
 Self Parent/Guardian

Name of Person Receiving Vaccine: _____

Are You 75 Years or older? Yes No

Ethnicity

Please check off all applicable boxes

- Hispanic or Latino
- Non-Hispanic or Non-Latino
- Not known - Hispanic or Latino OR Non-Hispanic or Non-Latino

Dose #1 **Date:** ____/____/2021

Dose #2 **Date:** ____/____/2021

Race

Please check off all applicable boxes

- Asian
- Native Hawaiian or Pacific Islander
- Other or Mixed
- Black
- White
- Unknown

Personnel Groups

Please check off all the personnel group that best describes you:

- Frontline Healthcare Personnel (Acute Care Hospital Setting)
- Healthcare Personnel in a Long Term Care Facility – or – Resident in a Long Term Care Facility
- Frontline Healthcare Personnel (Psychiatric/Substance Abuse Hospital Setting)
- Emergency Medical Service Personnel (EMS)
- Frontline Public Health Personnel
- Laboratory Workers
- Pharmacists / Pharmacy Technicians
- Healthcare Personnel (Outpatient Setting, includes dentists, optometrists, etc.)
- Home Healthcare Personnel
- Nevada Department of Corrections Personnel / Juvenile Detention Center Staff
- Frontline Law Enforcement Personnel (includes Police Departments, Sheriff's Offices and NV Highway Patrol)
- State Emergency Operations Center Personnel
- POD/SERV NV Volunteers
- Other Frontline Personnel (please specify priority group category): _____
- Elementary and Secondary Education Personnel – or – Higher Education Personnel
- Childcare Personnel
- Essential Public Transportation Personnel
- Agriculture and Food Processing Personnel
- Essential Retail Workforce (includes grocery, big box stores, gas stations and truck stops)
- Logistics and Supply Chain Workforce (Includes warehouse, storage and distribution, couriers, delivery, messengers, postal services, truck transportation, and wholesale traders)
- Utilities and Communication Workforce (includes water authorities, natural gas, internet, telephone, electric, news, radio, newspapers, waste collection and disposal)
- Nevada Department of Transportation Personnel / Local Road Work Personnel
- Community Support Personnel (includes food banks, Welfare, WIC, Department of Employment, Training and Rehabilitation, Division of Child and Family Services)
- Airport Operation Personnel
- Depository Credit Institution Workforce (includes commercial banks, credit unions and armored car services)
- Mortuary Services
- Remaining Public Health Workforce (includes contact tracers, immunization and public health programs, regulatory authorities, etc.)
- Other Essential Personnel (includes justice courts, juvenile probation, alternative sentencing, etc.)
- Nevada Department of Correction (NDOC) Inmates
- None Of The Above _____

Underlying Health Conditions

Please check off all the underlying health conditions:

- Cancer
- Chronic Liver Disease
- Obesity (BMI 30 or higher)
- Type 2 Diabetes Mellitus
- Cerebrovascular Disease
- Hypertension or High Blood Pressure
- Pulmonary fibrosis
- Immunocompromised State (from bone marrow transplant, immune deficiencies HIV, use of corticosteroids, or use of other immune weakening medicines)
- Immunocompromised state from solid organ transplant
- Other pre-existing condition
- Chronic Kidney Disease
- Chronic Obstructive Pulmonary Disease (COPD)
- Sickle Cell Disease
- Asthma (Moderate to Severe)
- Cystic Fibrosis
- Neurological conditions