

Service Provider Weekly Report: Consumer COVID-19 Vaccination Update

By the close of business on Thursday, April 8, 2021, and every week thereafter, please use this “SeamlessDocs” form to provide weekly updates regarding the progress made towards getting each consumer you serve vaccinated. You will need to complete one document for each consumer. However, each document has three pages and you will only need to complete the page that applies to that specific consumer:

- The first page addresses those who are already vaccinated.
- The second page addresses those for whom the vaccination is pending.
- The third page addresses those who will not be getting vaccinated, because either the consumer or their representative declined.

For those who are already vaccinated and those who have declined, you will only need to submit the document once. We do require weekly reporting for those who are pending until you can report that they are fully vaccinated.

Lastly, we would like to share vaccination success stories with our board members, on our website, and with community stakeholders. If individual consumers give consent, please take their picture receiving the vaccination, or take a picture of the smiling consumer shortly after getting vaccinated. Use the link below to submit their picture(s) along with the Photographic Consent form, complete this consent with the consumer/parent/legal guardian/conservator.

Thank you.

[Complete Photographic Consent with individual or responsible party, and submit picture](#)

Update Regarding Consumers Who Are Vaccinated:

#1 Consumer's Name:		UCI No.:
Name of Consumer's Service Coordinator:		
Date first vaccine dose was given:		
Where did the consumer get the first vaccination?		
Date the second vaccine dose was given:		
Where did the consumer get the second vaccination?		
Type of vaccine the consumer received:		
<input type="checkbox"/> COVID-Pfizer	<input type="checkbox"/> COVID Moderna	<input type="checkbox"/> COVID-Johnson & Johnson
<input type="checkbox"/> COVID- Astra Zeneca	<input type="checkbox"/> COVID-Unknown	
Any adverse reaction(s) to the first vaccine dose given?		
<input type="checkbox"/> None	<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes
For any significant adverse reaction(s) after the first dosage given, select the following adverse reaction experienced by the consumer:		
<input type="checkbox"/> Wheezing/respiratory distress/shortness of breath	<input type="checkbox"/> Hives/swelling/extensive redness	<input type="checkbox"/> Fainting/loss of consciousness
<input type="checkbox"/> Bell's Palsy	<input type="checkbox"/> Cardiovascular-Tachycardia/Hypotension	<input type="checkbox"/> Nausea/vomiting
Healthcare facility/hospital visit required within 24 hours of the vaccination: <input type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, comment on the visit:		
Any adverse reaction(s) to the second vaccine dose given?		
<input type="checkbox"/> None	<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes
For any significant adverse reaction(s) after the first dosage given, select the following adverse reaction experienced by the consumer:		
<input type="checkbox"/> Wheezing/respiratory distress/shortness of breath	<input type="checkbox"/> Hives/swelling/extensive redness	<input type="checkbox"/> Fainting/loss of consciousness
<input type="checkbox"/> Bell's Palsy	<input type="checkbox"/> Cardiovascular-Tachycardia/Hypotension	<input type="checkbox"/> Nausea/vomiting
Healthcare facility/hospital visit required within 24 hours of the vaccination <input type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, comment on the visit:		

Update Related to Consumers Who Will Not Be Vaccinated:

Consumer's Name:		UCI No.:	
Name of Consumer's Service Coordinator:			
Who declined the consumer receiving the vaccine?			
<input type="checkbox"/> Consumer	<input type="checkbox"/> Family Member	<input type="checkbox"/> Conservator	<input type="checkbox"/> Physician recommended against taking the vaccine
Date the decline was made:			
Reason given by the person who declined on behalf of the consumer:			
Did you offer the consumer/family member/conservator information about the vaccine?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, was the consumer/family member/conservator open to receiving information about the vaccine?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Additional Comments Regarding the Decline:			
If it was the consumer who declined the vaccination, please move forward with securing a physician's order for the consumer to take the vaccination, so you will have it on file should the consumer change his/her mind in the future. Please secure the physician's order within the next 10 days.			

Update Regarding Consumers For Whom COVID-19 Vaccination is Pending:

#1 Consumer's Name:		UCI No.:
Name of Consumer's Service Coordinator:		
Is the consumer scheduled to take the vaccination? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, document the vaccination date: _____		
Document the location:		
Type of vaccine is the consumer to receive:		
<input type="checkbox"/> COVID-Pfizer	<input type="checkbox"/> COVID Moderna	<input type="checkbox"/> COVID-Johnson & Johnson
<input type="checkbox"/> COVID- Astra Zeneca	<input type="checkbox"/> COVID-Unknown	
Will this be the first or second shot? <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> NA consumer is taking the Johnson & Johnson vaccine.		
If the consumer is not scheduled to take the vaccination, please explain why:		
Anticipated date that the issues will be resolved:		
Do you need assistance to resolve the issue(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what type of assistance do you need:		