

URGENT CARE

Patient Registration Form

PATIENT NAME: LAST FIRST MI
DATE OF BIRTH: SOCIAL SECURITY#: SEX: M F
CURRENT ADDRESS: APT#
CITY: STATE: ZIP CODE:
HOME PHONE : CELL: OTHER:
EMAIL ADDRESS:
PREFERRED LANGUAGE: HOW DID YOU HEAR ABOUT US:

INSURANCE COVERAGE

PRIMARY POLICY:

POLICY HOLDERS NAME: RELATIONSHIP TO PATIENT:
POLICY HOLDERS D.O.B: INSURANCE COMPANY

SECONDARY POLICY:

POLICY HOLDERS NAME: RELATIONSHIP TO PATIENT
POLICY HOLDERS D.O.B: INSURANCE COMPANY

General consent for testing and treatment

(Please read carefully before signing)

1.Consent to Testing and Treatment

I voluntarily consent to urgent care which may include a complete medical history, physical examination, routine diagnostic procedures, and such medical treatment as is deemed necessary and appropriate by the physician, physician assistant and/or associates at Ascension MyHealth Urgent Care, P.C.
I understand and agree that in the very rare event that a health care provider at Ascension MyHealth Urgent Care, P.C. sustains a significant exposure to my blood and/or bodily fluids that Ascension MyHealth Urgent Care, P.C., may have laboratory studies performed on my blood to detect the presence of a potentially serious incubating communicable disease, such as hepatitis or AIDS. The result of any such test will be treated confidentially.
I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantee or promise has been made to me as to the results of the care and treatment which I have hereby authorized.
I authorize Ascension MyHealth Urgent Care, P.C. to dispose of any specimen or tissue remaining after completion of a clinical procedure or treatment.

2.Acknowledgment of Notice of Privacy Practices and Release of Medical Record Information

I acknowledge that I was offered and/or provided the MyHealth Urgent Care, P.C., Notice of Privacy Practices, and that I may obtain an additional copy of the Notice at any time. This Notice describes how Ascension MyHealth Urgent Care, P.C., uses and discloses medical information in accordance with the protections of the law.
I authorize Ascension MyHealth Urgent Care, P.C., to release pertinent information and/or copies of medical records of any information protected under the regulations in 42 Code of Federal Regulations, Part 2, if any, psychiatric/psychological/substance abuse/service records, if any, social work records, if any, including

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communications made to me by a social worker or psychiatrist/psychologist and any information about Human Immunodeficiency Syndrome (AIDS) to other institutions, physicians, third party payers, insurance companies or review agencies for use in connection with my care. I acknowledge that medical record information may be released to my employer if this is a work-related examination or injury for which a workers compensation claim has been filed.

3. Authorization for Payment

I assign and authorize payment directly to Ascension MyHealth Urgent Care, P.C., for any and all services rendered. I understand that I am financially responsible for services that may not be covered under my health insurance policy. I understand that it is my responsibility to pay, at the time of discharge, or on an interim basis as arranged with Ascension MyHealth Urgent Care, P.C., in accordance with its Payment for Services Policy (dated April 21, 2014) a copy of which I acknowledge that I have received, for all charges not covered by my insurance company, such as but not limited to deductibles and co-payments.

4. Additional Acknowledgements

I understand that Ascension MyHealth Urgent Care, P.C., and/or its business associates, may contact me by telephone at any telephone number provided by me or associated with my record, including cell phone numbers, which could result in telephone company charges to me. Ascension MyHealth Urgent Care, P.C., may also contact me by sending text messages or e-mail messages using the contact information I provide. Methods of contact may include using pre-recorded/synthetic voice messages and/or use of an automatic dialing device, if, when or as applicable.

I hereby release Ascension MyHealth Urgent Care, P.C., from responsibility for all personal articles which I have with me now and will have during my time as a patient at your urgent care facility. I understand that Ascension MyHealth Urgent Care, P.C., is not responsible for clothing, spectacles, dentures, money, personal electronic devices or other personal articles of value kept in my possession or anywhere on the premises during my time as a patient at your urgent care facility.

Authorizing Signatures

THE PURPOSE OF THIS FORM WAS EXPLAINED TO ME AND I HAD THE OPPORTUNITY TO ASK QUESTIONS.

Signature of Patient

Date

Time

Signature of Witness

Date

Time

If patient is unable to consent or is a minor, please complete the following:

Patient is a minor _____ years of age or patient is

unable to consent because _____

Signature of Parent, Legal Guardian or Closest Relative

Date

Time

Signature of Witness

Date

Time

URGENT CARE

COVID-19 Vaccine Acknowledgement and Consent Form
Moderna COVID-19 Vaccine
 Recipient Information (Please Print Clearly)

Last Name:	First Name:	Date of Birth:
Home Address:	City:	Phone:
State:	Zip:	DATE/TIME:

The following questions will help us determine whether you can receive the COVID-19 vaccine today. If you answer “yes” to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask a staff member for further explanation.

	Yes	No	N/A
1. Do you have fever, chills, headache, loss of taste or smell?			
2. Have you recently been diagnosed with COVID-19 AND/OR were treated with monoclonal antibodies within the last 90 days?			
3. Have you received any vaccinations in the past 2 weeks?			
4. Have you ever needed medical treatment for a severe allergic reaction?			
5. Are you allergic to Polyethylene Glycol or Polysorbate?			
6. Are you immunocompromised or on a medication that affects your immune system?			
7. Are you on a blood thinner?			
8. For women: Are you pregnant or planning to become pregnant?			
9. For women: Are you breastfeeding?			

I understand that the COVID-19 vaccine I will receive today requires two (2) doses from the same manufacturer to be fully effective. I agree to schedule my second dose within the timeframe recommended by the CDC.

I consent to administration of the Moderna COVID-19 vaccination and acknowledge and agree with the following statements:

- I am eighteen (18) years of age or older.
- I have received the Emergency Use Authorization (EUA) Fact Sheet for Recipients and Caregivers for the Moderna COVID-19 Vaccine (the “Fact Sheet”).
- I have read the Fact Sheet or had it read to me.
- The U.S. Food and Drug Administration (FDA) has authorized emergency use of the Moderna COVID-19 vaccine, which is not an FDA-approved vaccine. At this time, there is no FDA approved vaccine to prevent COVID-19.

- I understand the known and potential risks and benefits to the Moderna COVID-19 vaccine and the extent to which such benefits and risks are unknown.
- I acknowledge that I have the option to refuse vaccination and have been informed of any available alternatives to the Moderna COVID-19 vaccine and the risks and benefits of available alternatives.
- Recipients who are Pregnant or Breastfeeding: Pregnant and breastfeeding persons were not included in the clinical trials for the Moderna COVID-19 vaccine. I have discussed the potential risks of COVID-19 infection versus the risk of vaccination with my healthcare provider and have made the informed decision to receive the Moderna COVID-19 vaccine.
- I understand that it is recommended that I remain at the vaccination clinic for fifteen (15) minutes following administration of the vaccine for observation (the “Monitoring Period”) to ensure I do not experience an adverse reaction. Recipients that have a history of severe allergic reactions should be monitored for thirty (30) minutes post vaccination.
- I acknowledge that I have received information on V-safe, a voluntary smartphone based tool operated by the Centers for Disease Control and Prevention (CDC). Through V-safe, vaccine recipients can report any side effects of the COVID-19 vaccine to the CDC. This information helps CDC monitor the safety of COVID-19 vaccines in near real time.
- I authorize MyHealth or its agents to submit a claim to my insurance provider for administration of the COVID-19 vaccine. I understand that I will have no out of pocket cost or cost sharing associated with receiving the vaccine.
- I have had the opportunity to ask questions which have been answered to my satisfaction.

If you experience an adverse reaction to the COVID-19 vaccine, please contact your primary care provider or present to the nearest emergency department. If you are experiencing a medical emergency, call 911.

Signature of Recipient/Authorized Representative:
Print Name & Date:
If signed by Authorized Representative, please state relationship to Recipient:

Frequently asked questions: COVID vaccination

How do I know the COVID-19 vaccine is safe?

All vaccines require extensive research, documentation and closely monitored clinical trials to determine effectiveness and safety before being submitted by pharmaceutical companies for approval. The U.S. Food and Drug Administration (FDA) is responsible for ensuring the safety, effectiveness and availability of vaccines in the United States. The FDA requires extensive testing by manufacturers before making vaccines available to the public to protect safety and identify any potential side effects. If the FDA determines that a vaccine meets its safety and effectiveness standards, it can make these vaccines available for use in the United States by approval or Emergency Use Authorization (EUA).

How do COVID-19 vaccines work?

According to the CDC, COVID-19 vaccines help our bodies produce antibodies and develop immunity to the virus that causes COVID-19 without us having to get the illness. Additionally, the vaccine causes the body to produce “memory” lymphocytes that will remember how to fight that virus in the future.

It typically takes a few weeks for the body to produce antibodies and immunity after vaccination. Therefore, it is possible that a person could be infected with the virus that causes COVID-19 just before or just after vaccination and then get sick because the vaccine did not have enough time to provide protection.

The two vaccines submitted for Emergency Use Authorization (EUA) by the FDA (Pfizer and Moderna) use the same novel mRNA technology for your body to produce a protein similar to the coronavirus. In response to this protein, the body then creates antibodies that are primed to fight off the virus.

What are the risks of the vaccine?

The FDA's rigorous testing helps ensure that vaccines are safe and highly effective. However, all medications, including vaccines, carry a small risk of side effects. Most common side effects are identified in clinical trials before the vaccine is approved, but less-common side effects may not be detected until the medicines or vaccines are more widely available. That's why vaccines are continuously, carefully monitored for possible side effects even after they are licensed.

What are the known side effects of the COVID-19 vaccine?

Sometimes after vaccination, the process of building immunity can cause symptoms, such as fever, body ache, headache, and fatigue. These symptoms are normal and are a sign that the body is building immunity, [according to the CDC](#). While COVID-19 infection can cause these same symptoms, additional and more specific COVID-19 symptoms may include cough, shortness of breath, congestion/runny nose, and new loss of taste and smell. If symptoms persist or include these more specific COVID-19 symptoms, consider contacting a healthcare provider and/or acquiring a COVID-19 test.

Will my second dose of the vaccine have to be exactly 21 days or 28 days after my first dose?

No. There will likely be a range of days within which the second dose should be administered, but the second dose should be administered as close to the recommended 2nd dose date as possible. When you receive your first dose of vaccine, your follow-up appointment for your second dose will be scheduled with your local Associate and Occupational Health Department.

Does the flu vaccine cover COVID-19 too?

No. The flu vaccine is important to protect you from influenza, particularly during the current coronavirus pandemic, but it does not vaccinate you for COVID-19. Receiving both a flu vaccine and COVID-19 vaccine are important to stay healthy and prevent the spread of the coronavirus.

If I tested positive and have recovered from COVID-19, do I still need the vaccination?

Persons who have previously been infected by the coronavirus should have some degree of immunity that protects them from reinfection. However, it is unknown how long antibodies last after infection and there have been a few documented cases of

persons experiencing a second bout of infection. Our current recommendation is that persons who have been previously infected should receive the COVID-19 vaccine after the high-risk cohorts receive the vaccination. Vaccine distribution is in favor of those who have not had the opportunity to develop immunity. Further information on this topic should be available soon given some of the vaccine trials did include cohorts of previously infected individuals.

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

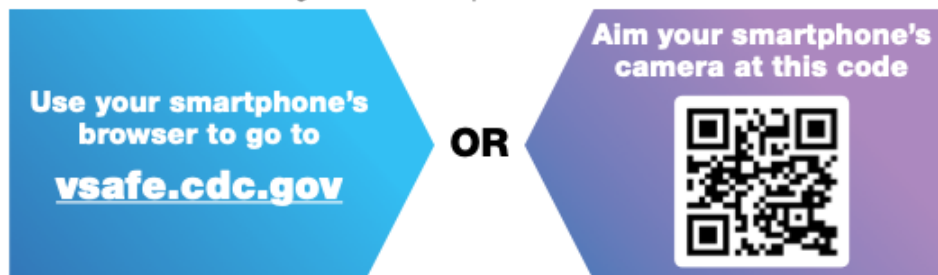
V-safe is a smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins after you receive a COVID-19 vaccination. Through **v-safe**, you can quickly tell CDC if you have any side effects after getting the COVID-19 vaccine. Depending on your answers, someone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

