

## Registration Form for COVID Vaccines

**Please fill out this form in its entirety. This information is required in order to receive a vaccine.**

<b>Patient Name</b> (Last, First)		<b>Date of Birth</b> (mm/dd/yyyy)		
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
<b>Phone Number:</b>		<b>Emergency Contact:</b>		
<b>Email:</b>		Name:		
<b>Marital Status:</b>		Relation:	Phone:	
<b>Race:</b> <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> White/Latino <input type="checkbox"/> White/Non-Latino <input type="checkbox"/> Other Race		<b>Gender Identity:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans M/F <input type="checkbox"/> Non Binary <input type="checkbox"/> Other		
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		<b>Preferred Language:</b>  <b>Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Hispanic Origin:</b> <input type="checkbox"/> Cuban <input type="checkbox"/> General Hispanic <input type="checkbox"/> Mexican/Mexican-American/Chicano <input type="checkbox"/> Other Spanish/Hispanic <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Unknown		<b>Homeless</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
		<b>Farmworker</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

### Income Information

Sea Mar is required to collect income information for everyone receiving a vaccine. Please circle the category that applies to you. You must provide this information in order to receive a vaccine.

Family Size	Income Level					
1	0 - \$12,880	\$12,881-\$16,100	\$16,101-\$19,320	\$19,321-\$22,540	\$22,541-\$25,760	\$25,761+
2	0 - \$17,420	\$17,421-\$21,775	\$21,776-\$26,130	\$26,131-\$30,485	\$30,486-\$34,840	\$34,841+
3	0 - \$21,960	\$21,961-\$27,450	\$27,451-\$32,940	\$32,941-\$38,430	\$38,431-\$43,920	\$43,921+
4	0 - \$26,500	\$26,501-\$33,125	\$33,126-\$39,750	\$39,751-\$46,375	\$46,376-\$53,000	\$53,001+
5	0 - \$31,040	\$31,041-\$38,800	\$38,801-\$46,560	\$46,561-\$54,320	\$54,321-\$62,800	\$62,801+
6	0 - \$35,580	\$35,581-\$44,475	\$44,476-\$53,370	\$53,371-\$62,265	\$62,266-\$71,160	\$71,161+
7	0 - \$40,120	\$40,121-\$50,150	\$50,151-\$60,180	\$60,181-\$70,210	\$70,211-\$80,240	\$80,241+
8	0 - \$44,660	\$44,661-\$55,825	\$55,826-\$66,990	\$66,991-\$78,155	\$78,156-\$89,320	\$89,321+
Other (Provide Write-In Household Size and Income):						



## Notice of Privacy Practices Acknowledgement

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The Notice of Privacy Practices for Protected Health Information describes how medical information about you may be used and disclosed, how you can get access to this information and who to contact if you have questions, concerns or complaints.

Sea Mar has the responsibility to protect the privacy of your information, provide a Notice of Privacy Practices, and follow information practices that are described in this notice. If you have any questions, please contact Sea Mar's Vice President of Corporate and Legal Affairs at 206.763.5277.

By signing this form, you acknowledge receipt of Sea Mar Community Health Centers' Notice of Privacy Practices and Patient Rights and Responsibilities. Sea Mar encourages you to review these notices carefully.

I acknowledge receipt of Sea Mar Community Health Centers' Notice of Privacy Practices and Patient Rights and Responsibilities.

\_\_\_\_\_  
Patient or legally authorized individual signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Printed name if signed on behalf of the patient

\_\_\_\_\_  
Relationship  
(parent, legal guardian, personal representative)

Patient Name: <<PName>>

DOB: <<PDOB>>

Patient ID: <<PNumber>>

*This form will be retained in your medical record.*

## Sliding Fee Scale Application

To comply with federal regulations and provide you a discount on Sea Mar services, it is necessary for you to fill out this form, answer some personal questions, and provide proof of income. Your answers will be kept on file and in strict confidence.

Patient Name:	DOB:	Patient ID:
Household Size:	Annual Income:	<input type="checkbox"/> I choose <u>NOT</u> to provide my income.

I choose **NOT** to apply for the sliding fee scale. Please sign and date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I choose **to apply for the sliding fee scale discount**. The sliding fee scale is available for all patients, regardless of insurance status. If you have insurance, the sliding fee scale discount can be applied to charges not covered by insurance. Please complete the entire form to determine eligible discount.

Household Members	NAME	BIRTHDATE (MM/DD/YYYY)	HEALTH INSURANCE	RELATIONSHIP	SEA MAR PATIENT?	
	1					
	2					
	3					
	4					
	5					
	6					

SOURCE OF INCOME	ANNUAL INCOME	For You	For Spouse	For Children	For Others	Sub Total
	Gross Wages, Salaries, Tips					\$ 0.00
	Social Security & Pensions					\$ 0.00
	Annuity & Veteran Benefits					\$ 0.00
	Child Support & Alimony					\$ 0.00
	Self-Employment & Other					\$ 0.00
	For "Other," please explain:					
<b>TOTAL</b>					<b>\$0.00</b>	

By signing below, I agree to provide Sea Mar Community Health Centers with a proof of income for all persons listed above. Acceptable proof of income includes, but is not limited to, social security statements, paycheck stubs (two most recent), public assistance letter, tax return form, W-2 form, L&I check stub, unemployment check stub.

I understand that I will be asked to reapply for the sliding fee scale at least once a year so Sea Mar can maintain an updated application on file. I certify that the information provided is accurate and complete to the best of my knowledge. I understand that if I knowingly give false information that results in assistance for which I am not eligible, I will be subject to criminal prosecution. I give my consent to release any and all information from whatever source needed to verify the information I have given.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Patient is eligible for Sliding Fee Scale:  Yes  No      SFS Status (circle one):   A   B   C   D   E   F

POI Requested: \_\_\_\_\_ Initial: \_\_\_\_\_      POI Received: \_\_\_\_\_ Initial: \_\_\_\_\_

# VACCINATION CONSENT FORM

## Pfizer-BioNTech COVID-19 Vaccine

The novel coronavirus SARS-CoV-2 (a/k/a COVID-19) is an infectious disease that appeared in late 2019. The Pfizer-BioNTech COVID-19 Vaccine is an unapproved vaccine that may prevent COVID-19. There is no FDA-approved vaccine to prevent COVID-19 at this time.

I request that the Pfizer-BioNTech COVID-19 Vaccine be given to me or to the person named hereafter for whom I am authorized to make this request (select one):  MYSELF  PERSON NAMED BELOW

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**Recipient's Information:**

\_\_\_\_\_  
Last Name                                      First Name                                      Date of Birth                                      Gender

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Authorized Individual's Information (complete if different from vaccine recipient):**

\_\_\_\_\_  
Last Name                                      First Name                                      Date of Birth                                      Gender

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to recipient: \_\_\_\_\_

**Vaccine is for (check one):**  Physician  Contractor  Employee  Volunteer  Other: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

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**ACKNOWLEDGEMENTS (INITIAL EACH STATEMENT):**

\_\_\_\_\_ Prior to vaccination, I was given a copy of the FDA's *Fact Sheet for Recipients and Caregivers* in connection with the Emergency Use Authorization (EUA) for the Pfizer-BioNTech COVID-19 Vaccine or was directed to the FDA's COVID-19 vaccination website at: [Pfizer-BioNTech COVID-19 Vaccine | cvdivaccine.com](https://www.fda.gov/cvdivaccine.com).

\_\_\_\_\_ FDA has authorized the emergency use of the Pfizer-BioNTech COVID-19 Vaccine, which is not an FDA-approved vaccine.

\_\_\_\_\_ The recipient or their caregiver has the option to accept or refuse Pfizer-BioNTech COVID-19 Vaccine.

\_\_\_\_\_ The significant known and potential risks and benefits of Pfizer-BioNTech COVID-19 Vaccine, and the extent to which such risks and benefits are unknown, have been disclosed to me. Information about available alternative vaccines and the risks and benefits of those alternatives, to the extent reasonably known, have been disclosed to me.

\_\_\_\_\_ The Pfizer-BioNTech COVID-19 Vaccine is administered intramuscularly as a series of two doses (0.3 mL each) 3 weeks apart. Recipients must receive both doses of the Pfizer-BioNTech COVID-19 Vaccine to complete vaccination.

\_\_\_\_\_ Recipient is 16 years of age or older.

\_\_\_\_\_ Immunocompromised persons, including individuals receiving immunosuppressant therapy, may have a diminished immune response to the Pfizer-BioNTech COVID-19 Vaccine.

\_\_\_\_\_ Vaccine may not protect all vaccine recipients.

\_\_\_\_\_ The Pfizer-BioNTech COVID-19 Vaccine includes the following ingredients: mRNA, lipids ((4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate), 2 [(polyethylene glycol)-2000]-N,N-ditetradecylacetamide, 1,2-Distearoyl-sn-glycero-3- phosphocholine, and cholesterol), potassium chloride, monobasic potassium phosphate, sodium chloride, dibasic sodium phosphate dihydrate, and sucrose.

\_\_\_\_\_ I have read or have had explained to me the information identified in the FDA's *Fact Sheet for Recipients and Caregivers* regarding the Pfizer-BioNTech COVID-19 Vaccine. I have had an opportunity to discuss the benefits and risks of this COVID-19 vaccine with a healthcare provider of my choice before vaccination. I have had a chance to ask questions which were answered to my satisfaction.

\_\_\_\_\_ I believe I understand the benefits and risks of this vaccine and ask that this vaccine be given to me or the person named for whom I am authorized to make this request.

**MEDICAL SCREENING QUESTIONS: Check yes or no to each question below.** Tell your vaccination provider about all your medical conditions, including if you answer "yes" to any question. Except for the last two (2) questions, a "yes" response to any other question means you may wish to consult with your individual healthcare provider before proceeding. Answering "yes" to either of the last two (2) questions means you should not be vaccinated today.

Question	Yes	No
Do you have any allergies?		
Do you have a fever?		
Do you have a bleeding disorder or are on a blood thinner?		
Are you immunocompromised or are you on a medicine that affects your immune system?		
Are you pregnant or plan to become pregnant?		
Are you breastfeeding?		
Have you received another COVID-19 vaccine?		
Have you had a severe allergic reaction after a previous dose of this vaccine?		
Have you had a severe allergic reaction to any ingredient of this vaccine?		

\_\_\_\_\_  
**Signature of Recipient OR Recipient's Authorized Individual**

\_\_\_\_\_  
**Date**

**DO NOT WRITE IN THIS SPACE—OFFICE USE ONLY** VIS Edition Provided: \_\_\_\_\_

Vaccine: \_\_\_\_\_ Administration Date: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Lot #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Route: \_\_\_\_\_

Site: \_\_\_\_\_ Volume (ml): \_\_\_\_\_

\_\_\_\_\_  
Nurse/ Provider's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

## **FACT SHEET FOR RECIPIENTS AND CAREGIVERS**

### **EMERGENCY USE AUTHORIZATION (EUA) OF THE PFIZER-BIONTECH COVID-19 VACCINE TO PREVENT CORONAVIRUS DISEASE 2019 (COVID-19) IN INDIVIDUALS 16 YEARS OF AGE AND OLDER**

You are being offered the Pfizer-BioNTech 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 Pfizer-BioNTech COVID-19 Vaccine, which you may receive because there is currently a pandemic of COVID-19.

The Pfizer-BioNTech 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 Pfizer-BioNTech COVID-19 Vaccine. Talk to the vaccination provider if you have questions. It is your choice to receive the Pfizer-BioNTech COVID-19 Vaccine.

The Pfizer-BioNTech COVID-19 Vaccine is administered as a 2-dose series, 3 weeks apart, into the muscle.

The Pfizer-BioNTech COVID-19 Vaccine may not protect everyone.

This Fact Sheet may have been updated. For the most recent Fact Sheet, please see [www.cvdvaccine.com](http://www.cvdvaccine.com).

#### **WHAT YOU NEED TO KNOW BEFORE YOU GET THIS VACCINE?**

##### **WHAT IS COVID-19?**

COVID-19 disease 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 PFIZER-BIONTECH COVID-19 VACCINE?**

The Pfizer-BioNTech 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 Pfizer-BioNTech COVID-19 Vaccine to prevent COVID-19 in individuals 16 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 PFIZER-BIONTECH COVID-19 VACCINE?**

**Tell the 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 PFIZER-BIONTECH COVID-19 VACCINE?**

FDA has authorized the emergency use of the Pfizer-BioNTech COVID-19 Vaccine in individuals 16 years of age and older.

### **WHO SHOULD NOT GET THE PFIZER-BIONTECH COVID-19 VACCINE?**

You should not get the Pfizer-BioNTech 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 PFIZER-BIONTECH COVID-19 VACCINE?**

The Pfizer-BioNTech COVID-19 Vaccine includes the following ingredients: mRNA, lipids ((4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate), 2 [(polyethylene glycol)-2000]-N,N-ditetradecylacetamide, 1,2-Distearoyl-sn-glycero-3-phosphocholine, and cholesterol), potassium chloride, monobasic potassium phosphate, sodium chloride, dibasic sodium phosphate dihydrate, and sucrose.

### **HOW IS THE PFIZER-BIONTECH COVID-19 VACCINE GIVEN?**

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

The Pfizer-BioNTech COVID-19 Vaccine vaccination series is 2 doses given 3 weeks apart.

If you receive one dose of the Pfizer-BioNTech COVID-19 Vaccine, you should receive a second dose of this same vaccine 3 weeks later to complete the vaccination series.

### **HAS THE PFIZER-BIONTECH COVID-19 VACCINE BEEN USED BEFORE?**

The Pfizer-BioNTech COVID-19 Vaccine is an unapproved vaccine. In clinical trials, approximately 20,000 individuals 16 years of age and older have received at least 1 dose of the Pfizer-BioNTech COVID-19 Vaccine.

### **WHAT ARE THE BENEFITS OF THE PFIZER-BIONTECH COVID-19 VACCINE?**

In an ongoing clinical trial, the Pfizer-BioNTech COVID-19 Vaccine has been shown to prevent COVID-19 following 2 doses given 3 weeks apart. The duration of protection against COVID-19 is currently unknown.

### **WHAT ARE THE RISKS OF THE PFIZER-BIONTECH COVID-19 VACCINE?**

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

- injection site pain
- tiredness
- headache
- muscle pain
- chills
- joint pain
- fever
- injection site swelling
- injection site redness
- nausea
- feeling unwell
- swollen lymph nodes (lymphadenopathy)

There is a remote chance that the Pfizer-BioNTech 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 Pfizer-BioNTech COVID-19 Vaccine.

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 Pfizer-BioNTech COVID-19 Vaccine. Serious and unexpected side effects may occur. Pfizer-BioNTech 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 “Pfizer-BioNTech COVID-19 Vaccine EUA” in the first line of box #18 of the report form.

In addition, you can report side effects to Pfizer Inc. at the contact information provided below.

Website	Fax number	Telephone number
<a href="http://www.pfizersafetyreporting.com">www.pfizersafetyreporting.com</a>	1-866-635-8337	1-800-438-1985

**WHAT IF I DECIDE NOT TO GET THE PFIZER-BIONTECH COVID-19 VACCINE?**

It is your choice to receive or not receive the Pfizer-BioNTech 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 PFIZER-BIONTECH COVID-19 VACCINE?**

Currently, there is no approved alternative vaccine available for prevention of COVID-19. FDA may allow the emergency use of other vaccines to prevent COVID-19.

**CAN I RECEIVE THE PFIZER-BIONTECH COVID-19 VACCINE WITH OTHER VACCINES?**

There is no information on the use of the Pfizer-BioNTech 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 PFIZER-BIONTECH COVID-19 VACCINE GIVE ME COVID-19?**

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


**KEEP YOUR VACCINATION CARD**

When you get your first dose, you will get a vaccination card to show you when to return for your second dose of Pfizer-BioNTech 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.

Global website	Telephone number
<p data-bbox="315 415 620 443"><a href="http://www.cvdvaccine.com">www.cvdvaccine.com</a></p> 	<p data-bbox="951 464 1222 533">1-877-829-2619 (1-877-VAX-CO19)</p>

## 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 local or state 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/](http://www.hrsa.gov/cicp/) or call 1-855-266-2427.

## WHAT IS AN EMERGENCY USE AUTHORIZATION (EUA)?

The United States FDA has made the Pfizer-BioNTech 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 Pfizer-BioNTech 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, available alternatives. In addition, the FDA decision is based on the totality of 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 in the treatment of patients during the COVID-19 pandemic.

The EUA for the Pfizer-BioNTech 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).



Manufactured by  
Pfizer Inc., New York, NY 10017

**BIONTECH**

Manufactured for  
BioNTech Manufacturing GmbH  
An der Goldgrube 12  
55131 Mainz, Germany

LAB-1451-1.0

Revised: December 2020



Scan to capture that this Fact Sheet was provided to vaccine recipient for the electronic medical records/immunization information systems.

Barcode Date: 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 2pm 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.\*

\*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. These measures comply, where applicable, with the following federal laws, including the Privacy Act of 1974; standards enacted that are consistent with the Health Insurance Portability and Accountability Act of 1996 (HIPAA); the Federal Information Security Management Act, and the Freedom of Information Act.



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](https://vsafe.cdc.gov)

OR

Aim your smartphone's camera at this code

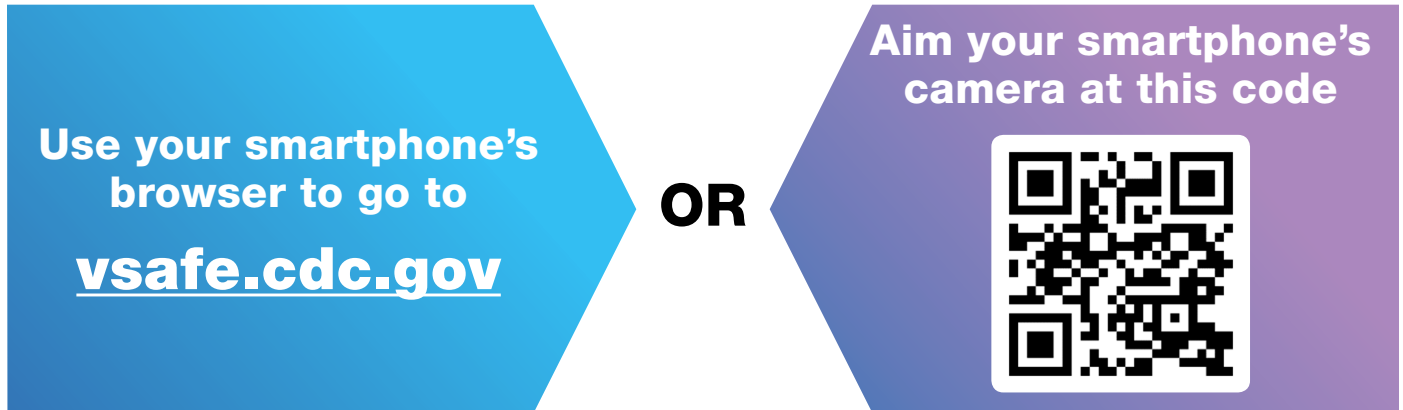


## How to register and use v-safe

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 your COVID-19 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 2pm local time, **v-safe** will start your initial health check-in around 2pm that day. If you register after 2pm, **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 2pm 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](https://www.cdc.gov/vsafe)

