

WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

Scheduling COVID Vaccine - Outpatient Providers

Dear Community Health Partner,

Please Read This Entire Email!

COVID-19 vaccine has arrived in Washoe County and some staff in your office or organizations have been identified to receive the vaccine utilizing the tier structure developed by the Centers for Disease Control (CDC) and the Nevada State Immunization Program (NSIP). The administration of the vaccine is highly regulated and requires that your office or organization follow the directions provided in this email. Failure to follow these directions may delay your ability to receive the vaccine. Please note, this invite does NOT extend to friends and family, regardless of their risk.

- To receive a COVID-19 vaccination, Tier 1 staff MUST schedule their appointment online at: <https://ph-washoecounty.as.me/?calendarID=4845654>. More details are outlined in the portion of this email that we request you forward to your staff. Please note, the vaccine to be provided requires two (2) doses. The initial vaccination date will have a second vaccination date 21 or 28 days later in which the staff member will be required to come back to receive the second dose.
- Any individual staff member/s that are currently sick or under isolation or quarantine for COVID-19 are not eligible to receive the vaccine.
- If appointments fill up before any Tier 1 staff members have scheduled their appointments, please email covidvaccine@washoecounty.us and we will work on setting aside time during an upcoming timeframe.
- It is required that each employee must show proof of identification and/or credentialization from your organization to receive the vaccine. Only currently

employed staff is eligible for the vaccine. If your office or organization does not have ID badges or other credentialization, a letter from the organization stating the employee name and position is sufficient.

- There are some reports of mild to moderate vaccine reactions which may produce COVID-19 like symptoms for 1 to 2 days. Plan accordingly to minimize any disruptions to your business operations due to staff calling out with COVID-19 like symptoms.

If you have additional questions or concerns contact the vaccination team at covidvaccine@washoecounty.us.

Please forward the following information to your staff (including the attachments):

To schedule your appointment for the COVID-19 Vaccine

Staff MUST make their own appointment on-line at: <https://ph-washoecounty.as.me/?calendarID=4845654>

Important information:

Please remember to bring the following required documents to your appointment:

- Proof of identification and/or credentialization from your organization is required to receive the vaccine for each employee. Only currently employed staff are eligible for the vaccine.
- Completed documents that are attached to this email (COVID Screening Questionnaire)
- Appointment confirmation email
- Photo ID

All vaccine distribution will occur at the Reno Livestock Events Center parking lot. The entrance for vaccine distribution is gate four, off of Sutro Street. Please refer to the attached map for the site traffic flow pattern.

Other important reminders:

- The initial vaccine pushout is both time and vaccine limited. Therefore, those that do not show up for their scheduled time may not receive a future opportunity to receive the vaccine until it becomes available to the general population.
- The vaccine to be provided requires two (2) doses. The initial vaccination date will have a second vaccination date 21 or 28 days later which you will be required to

return to receive the second dose. WCHD will be administering vaccine that is allocated by the State of Nevada. There will be no ability to determine or select which manufacture's vaccine will be offered for the first dose.

- Any individual that is currently sick or under isolation or quarantine for COVID-19 are not eligible to receive the vaccine until they are symptom free and/or released based on CDC guidelines.
- It is best practice to wait for 15 minutes after your vaccination before leaving the vaccination site. A location will be provided and Emergency Medical Services will be available if there are any immediate adverse reactions.
- Please wear clothing that allows quick and easy access to the upper arm.
- Expect to wait. The Washoe County Health District is doing everything possible to make this as fast and efficient as possible, but due to high patient volume wait times may vary.
- **If you have additional questions or concerns contact the vaccination team at covidvaccine@washoecounty.us.**

*Washoe County Health District
COVID Response Team*

OFFICE OF THE DISTRICT HEALTH OFFICER

*1001 East Ninth Street, Building B, Reno, Nevada
89512*

ODHO Office: 775-328-2416 | Fax: 775-328-3752

I washoecounty.us/health

Serving Reno, Sparks and all of Washoe County,
Nevada. Washoe County is an Equal Opportunity
Employer.

2020-2021 Offsite COVID-19 Screening Questionnaire ENGLISH

1001 East 9th Street, Reno NV, 89512

Complete the Following for the Person Who is Being Vaccinated:

PATIENT Name: FIRST _____ MIDDLE _____ LAST _____
 Phone: (____) - _____ - _____ Birth Date: ____/____/____ Age: _____ Sex: F M Weight: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 EMERGENCY Contact & phone _____ Employer: _____ Occupation: _____
 Ethnicity: Hispanic/Latino Non-Hispanic/Non-Latino Not known
 Race: (Check all that apply): White Black Asian Am Indian/Alaskan Native Native Hawaiian/Pacific Islander Other/Mixed Unknown

COVID-19 Vaccination Series:

Are you here to receive: DOSE 1 OR DOSE 2 *Date dose 1 was received: ____/____/____ Manufacturer: (circle) Pfizer/Moderna/other
 If dose 2

*(STAFF-verify the interval) _____ 21 days (Pfizer) _____ 28 days (Moderna) _____ Other

Questions for the Person Getting Vaccinated:

NO YES

1. Are you sick today? If yes, what are your symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you 18 years or older?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you or anyone in your household been exposed to, diagnosed with, or has been placed in quarantine for COVID-19 in the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you received passive antibody therapy as treatment for COVID-19 in the past 90 days?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you received any vaccinations in the past 2 weeks? If yes, please list:	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had a severe allergic reaction (anaphylaxis) to a vaccine or injectable medication in the past? If yes, what vaccine/medication?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had a severe reaction (anaphylaxis) to any medications, latex, foods, pets or insects that required the use or treatment with epinephrine or an EpiPen? Please list allergies:	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you immunocompromised or receiving immunosuppressant therapy?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have a bleeding disorder or are you taking a blood thinner?	<input type="checkbox"/>	<input type="checkbox"/>
10. For women: Are you pregnant or breastfeeding? Please circle one (not contraindicated)	<input type="checkbox"/>	<input type="checkbox"/>

Read Below and Sign:

I hereby acknowledge that I have received the Emergency Use Authorization (EUA) vaccine fact sheet and the Notice of Health Information Practices. I have had the opportunity to ask questions for the immunization to be administered to me or the person named above, for whom I am authorized to make this request. I agree to allow my immunization information to be stored and accessed by authorized users in "Nevada's Web IZ". I also agree to have my blood tested or the person named above, for whom I am authorized to make this request, for blood borne bacteria and viruses that may result in disease in the event a person is exposed to my blood or body fluids, or to the person who is named above. By signing this document, I declare that the above information is true and accurate to the best of my knowledge.

Signature: X _____ Date: _____
 Parent/Guardian signature required if under 18 years old

For Clinic Use only: Do not write below

VACCINE	CVX	CPT	DATE GIVEN	LOT #	EXP. DATE	RT	SITE	DOSE	CLINIC	ADMINISTERED BY	FACT SHEET DATE
Pfizer (PFR)	208	91300				IM	LD RD	0.3 mL	WCHD		12/2020
Moderna (MOD)	207	91301				IM	LD RD	0.5 mL	WCHD		12/2020

WebIZ # _____ Patagonia # _____ Demo/Ins By: _____ IZ By: _____ Scanned By: _____

NAME _____ DOB _____

Ethnicity

Please check off *all applicable* boxes.

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

Race

Please check off *all applicable* boxes.

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

Personnel Groups

Please check off the personnel group that best describes you.

- Frontline Healthcare Personnel (Acute Care Hospital Setting)
- Healthcare Personnel 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)
- Deployed and Mission Critical Personnel
- State Emergency Operations Center Personnel
- Other Frontline Personnel (please specify priority group category): _____