



# Eastport Health Care, Inc.

*Our Specialty is YOU!*

Rowland B. French Medical Center  
Vogl Behavioral Health Center  
30 Boynton Street  
Eastport, Maine 04631  
Phone: 207-853-6001  
Fax: 207-853-6180

## COVID-19 Minor Vaccine CONSENT Form-Pfizer

Childs Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Primary Care Provider: \_\_\_\_\_

Insurance: \_\_\_\_\_ Policy # \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Yes\_\_\_ or No\_\_\_ Is your child 12 years old or older?

Yes\_\_\_ or No\_\_\_ Does your child have a history of severe allergic reaction?

Yes\_\_\_ or No\_\_\_ Has your child received passive antibody therapy as a treatment for COVID-19 in the last 90 days?

Yes\_\_\_ or No\_\_\_ Has your child received any other vaccines in the last 14 days, or plan to receive any other vaccine in the next 14 days?

Yes\_\_\_ or No\_\_\_ Has your child received any dose of COVID-19 Vaccine? If yes, which COVID-19 vaccine has the child received? Pfizer\_\_\_ Moderna\_\_\_ Johnson and Johnson\_\_\_

Yes\_\_\_ or No\_\_\_ Is your child currently feeling sick or ill?

Yes\_\_\_ or No\_\_\_ Is your child currently pregnant or planning to become pregnant?

Yes\_\_\_ or No\_\_\_ Is your child currently breast feeding?

Yes\_\_\_ or No\_\_\_ Is your child immunocompromised or take any medications that affects their immune system?

Yes\_\_\_ or No\_\_\_ Does your child have a bleeding disorder or are they on a blood thinner?

Yes\_\_\_ or No\_\_\_ Has your child tested positive for COVID-19 in the past 14 days?

*Eastport Health Care, Inc. is an Equal Opportunity Employer and Provider*

Machias Family Practice  
53 Fremont Street  
Machias, Maine 04654  
Phone: 207-255-8290  
Fax: 207-255-4109

Machias Behavioral Health Center  
53 Fremont Street  
Machias, Maine 04654  
Phone: 207-255-3400  
Fax: 207-255-3401

Machias Podiatry Clinic  
53 Fremont Street  
Machias, Maine 04654  
Phone: 207-255-8290  
Fax: 207-255-4109

Calais Behavioral Health Center  
55 Franklin Street  
Calais, Maine 04619  
Phone: 207-454-3022  
Fax: 207-454-3099

Calais Podiatry Clinic  
10 Palmer Street  
Calais, Maine 04619  
Phone: 207-454-8300  
Fax: 207-454-7877



# Eastport Health Care, Inc.

*Our Specialty is YOU!*

Rowland B. French Medical Center  
Vogl Behavioral Health Center  
30 Boynton Street  
Eastport, Maine 04631  
Phone: 207-853-6001  
Fax: 207-853-6180

Yes \_\_\_ or No \_\_\_

In providing consent below, I agree that:

1. I have been provided the Emergency Use Authorization (EUA) Fact Sheet for Recipients and Caregivers, and understand the risks and benefits of the Pfizer-BioNTech COVID-19 vaccine.
2. I have the legal authority to consent to have the child named above vaccinated with the Pfizer-BioNTech COVID-19 vaccine.
3. I give consent to administer the Pfizer-BioNTech COVID-19 vaccine to the child named above whether or not I am present at the vaccination appointment and understand that I am not required to accompany the child named above to their vaccination appointment.
4. The government is paying for the Pfizer-BioNTech COVID-19 vaccine itself, and I will not be billed for the vaccine. However, the government is not covering the cost of administering the vaccine. If I have health insurance that covers my child, I give permission for my insurance to be billed for the cost of administering the vaccine to my child. If I do not have insurance, I will not be billed for the administration.
5. I give permission for a record of the vaccination to be entered into the Athena EMR and sent to the Maine Immunization Information System, ImmPact Registry.
6. I understand and give consent for the nurse to administer medications if a reaction does occur.

Parent/Legal Guardian Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

OFFICE USE ONLY BELOW THIS LINE

Covid-19 EUA Fact sheet given: Y \_\_\_ or N \_\_\_ Medication: Pfizer BioNTech Date given: \_\_\_\_\_

Route: IM Site: R Deltoid \_\_\_ or L Deltoid \_\_\_ Lot # \_\_\_\_\_ Exp Date: \_\_\_\_\_

NDC# \_\_\_\_\_ Time Given: \_\_\_\_\_ Dose 1 \_\_\_ or Dose 2 \_\_\_

*Eastport Health Care, Inc. is an Equal Opportunity Employer and Provider*

Machias Family Practice  
53 Fremont Street  
Machias, Maine 04654  
Phone: 207-255-8290  
Fax: 207-255-4109

Machias Behavioral Health Center  
53 Fremont Street  
Machias, Maine 04654  
Phone: 207-255-3400  
Fax: 207-255-3401

Machias Podiatry Clinic  
53 Fremont Street  
Machias, Maine 04654  
Phone: 207-255-8290  
Fax: 207-255-4109

Calais Behavioral Health Center  
55 Franklin Street  
Calais, Maine 04619  
Phone: 207-454-3022  
Fax: 207-454-3099

Calais Podiatry Clinic  
10 Palmer Street  
Calais, Maine 04619  
Phone: 207-454-8300  
Fax: 207-454-7877

**VACCINE INFORMATION FACT SHEET FOR RECIPIENTS AND CAREGIVERS  
ABOUT COMIRNATY (COVID-19 VACCINE, mRNA)  
AND PFIZER-BIONTECH COVID-19 VACCINE TO PREVENT CORONAVIRUS  
DISEASE 2019 (COVID-19)**

You are being offered either COMIRNATY (COVID-19 Vaccine, mRNA) or the Pfizer-BioNTech COVID-19 Vaccine to prevent Coronavirus Disease 2019 (COVID-19) caused by SARS-CoV-2.

This Vaccine Information Fact Sheet for Recipients and Caregivers comprises the Fact Sheet for the authorized Pfizer-BioNTech COVID-19 Vaccine and also includes information about the FDA-licensed vaccine, COMIRNATY (COVID-19 Vaccine, mRNA).

The FDA-approved COMIRNATY (COVID-19 Vaccine, mRNA) and the FDA-authorized Pfizer-BioNTech COVID-19 Vaccine under Emergency Use Authorization (EUA) have the same formulation and can be used interchangeably to provide the COVID-19 vaccination series.<sup>[1]</sup>

COMIRNATY (COVID-19 Vaccine, mRNA) is an FDA-approved COVID-19 vaccine made by Pfizer for BioNTech.

- It is approved as a 2-dose series for prevention of COVID-19 in individuals 16 years of age and older.
- It is also authorized under EUA to be administered to:
  - prevent COVID-19 in individuals 12 through 15 years, and
  - provide a third dose to individuals 12 years of age and older who have been determined to have certain kinds of immunocompromise.

The Pfizer-BioNTech COVID-19 Vaccine has received EUA from FDA to:

- prevent COVID-19 in individuals 12 years of age and older, and
- provide a third dose to individuals 12 years of age and older who have been determined to have certain kinds of immunocompromise.

---

This Vaccine Information Fact Sheet contains information to help you understand the risks and benefits of COMIRNATY (COVID-19 Vaccine, mRNA) and the Pfizer-BioNTech COVID-19 Vaccine, which you may receive because there is currently a pandemic of COVID-19. Talk to your vaccination provider if you have questions.

COMIRNATY (COVID-19 Vaccine, mRNA) and the Pfizer-BioNTech COVID-19 Vaccine are administered as a 2-dose series, 3 weeks apart, into the muscle.

---

<sup>[1]</sup> The licensed vaccine has the same formulation as the EUA-authorized vaccine and the products can be used interchangeably to provide the vaccination series without presenting any safety or effectiveness concerns. The products are legally distinct with certain differences that do not impact safety or effectiveness.

Under EUA for individuals who are determined to have certain kinds of immunocompromise, a third dose may be administered at least 4 weeks after the second dose.

COMIRNATY (COVID-19 Vaccine, mRNA) and 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. 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 leading to death. 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 COMIRNATY (COVID-19 VACCINE, mRNA) AND HOW IS IT RELATED TO THE PFIZER-BIONTECH COVID-19 VACCINE?**

COMIRNATY (COVID-19 Vaccine, mRNA) and the Pfizer-BioNTech COVID-19 Vaccine have the same formulation and can be used interchangeably to provide the COVID-19 vaccination series.<sup>1</sup>

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

---

<sup>1</sup> The licensed vaccine has the same formulation as the EUA-authorized vaccine and the products can be used interchangeably to provide the vaccination series without presenting any safety or effectiveness concerns. The products are legally distinct with certain differences that do not impact safety or effectiveness.

## **WHAT SHOULD YOU MENTION TO YOUR VACCINATION PROVIDER BEFORE YOU GET THE VACCINE?**

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

- have any allergies
- have had myocarditis (inflammation of the heart muscle) or pericarditis (inflammation of the lining outside the heart)
- 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
- have ever fainted in association with an injection

## **WHO SHOULD GET THE VACCINE?**

FDA has approved COMIRNATY (COVID-19 Vaccine, mRNA) for use in individuals 16 years of age and older and has authorized it for emergency use in individuals 12 through 15 years.

FDA has authorized the emergency use of the Pfizer-BioNTech COVID-19 Vaccine in individuals 12 years of age and older.

## **WHO SHOULD NOT GET THE VACCINE?**

You should not get the COMIRNATY (COVID-19 Vaccine, mRNA) or 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 COMIRNATY (COVID-19 VACCINE, mRNA) AND THE PFIZER-BIONTECH COVID-19 VACCINE?**

COMIRNATY (COVID-19 Vaccine, mRNA) and the Pfizer-BioNTech COVID-19 Vaccine include 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 VACCINE GIVEN?**

COMIRNATY (COVID-19 Vaccine, mRNA) and the Pfizer-BioNTech COVID-19 Vaccine will be given to you as an injection into the muscle.

The vaccination series is 2 doses given 3 weeks apart.

If you receive one dose of the vaccine, you should receive a second dose of the vaccine 3 weeks later to complete the vaccination series.

## **HAVE COMIRNATY (COVID-19 VACCINE, mRNA) AND THE PFIZER-BIONTECH COVID-19 VACCINE BEEN USED BEFORE?**

In clinical trials, approximately 23,000 individuals 12 years of age and older have received at least 1 dose of the Pfizer-BioNTech COVID-19 Vaccine. Data from these clinical trials supported the Emergency Use Authorization of the Pfizer-BioNTech COVID-19 Vaccine and the approval of COMIRNATY (COVID-19 Vaccine, mRNA). Millions of individuals have received the Pfizer-BioNTech COVID-19 Vaccine under EUA since December 11, 2020.

## **WHAT ARE THE BENEFITS OF COMIRNATY (COVID-19 VACCINE, mRNA) AND THE PFIZER-BIONTECH COVID-19 VACCINE?**

The 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 COMIRNATY (COVID-19 VACCINE, mRNA) AND THE PFIZER-BIONTECH COVID-19 VACCINE?**

There is a remote chance that the 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 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

Myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the lining outside the heart) have occurred in some people who have received COMIRNATY (COVID-19 Vaccine, mRNA) or the Pfizer-BioNTech COVID-19 Vaccine. In most of these people, symptoms began within a few days following receipt of the second dose of vaccine. The chance of having this occur is very low. You should seek medical attention right away if you have any of the following symptoms after receiving the vaccine:

- Chest pain
- Shortness of breath
- Feelings of having a fast-beating, fluttering, or pounding heart

Side effects that have been reported with COMIRNATY (COVID-19 Vaccine, mRNA) or the Pfizer-BioNTech COVID-19 Vaccine include:

- severe allergic reactions
- non-severe allergic reactions such as rash, itching, hives, or swelling of the face
- myocarditis (inflammation of the heart muscle)
- pericarditis (inflammation of the lining outside the heart)
- injection site pain
- tiredness
- headache

- muscle pain
- chills
- joint pain
- fever
- injection site swelling
- injection site redness
- nausea
- feeling unwell
- swollen lymph nodes (lymphadenopathy)
- diarrhea
- vomiting
- arm pain

These may not be all the possible side effects of the vaccine. Serious and unexpected side effects may occur. The possible side effects of the vaccine are 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 either “COMIRNATY (COVID-19 Vaccine, mRNA)” or “Pfizer-BioNTech COVID-19 Vaccine EUA”, as appropriate, 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

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](http://www.cdc.gov/vsafe).

**WHAT IF I DECIDE NOT TO GET COMIRNATY (COVID-19 VACCINE, mRNA) OR THE PFIZER-BIONTECH COVID-19 VACCINE?**

Under the EUA, it is your choice to receive or not receive the 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 COMIRNATY (COVID-19 VACCINE, mRNA) OR PFIZER-BIONTECH COVID-19 VACCINE?**

Other vaccines to prevent COVID-19 may be available under Emergency Use Authorization.

**CAN I RECEIVE THE COMIRNATY (COVID-19 VACCINE, mRNA) OR PFIZER-BIONTECH COVID-19 VACCINE AT THE SAME TIME AS OTHER VACCINES?**

Data have not yet been submitted to FDA on administration of COMIRNATY (COVID-19 Vaccine, mRNA) or the Pfizer-BioNTech COVID-19 Vaccine at the same time with other vaccines. If you are considering receiving COMIRNATY (COVID-19 Vaccine, mRNA) or the Pfizer-BioNTech COVID-19 Vaccine with other vaccines, discuss your options with your healthcare provider.

**WHAT IF I AM IMMUNOCOMPROMISED?**

If you are immunocompromised, you may receive a third dose of the vaccine. The third dose may still not provide full immunity to COVID-19 in people who are immunocompromised, and you should continue to maintain physical precautions to help prevent COVID-19. In addition, your close contacts should be vaccinated as appropriate.

**WHAT IF I AM PREGNANT OR BREASTFEEDING?**

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

**WILL COMIRNATY (COVID-19 VACCINE, mRNA) OR THE PFIZER-BIONTECH COVID-19 VACCINE GIVE ME COVID-19?**

No. The 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 or if you have certain kinds of immunocompromise, your third dose of COMIRNATY (COVID-19 Vaccine, mRNA) or 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="285 365 589 394"><a href="http://www.cvdvaccine.com">www.cvdvaccine.com</a></p> 	<p data-bbox="911 417 1183 487">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>.

## CAN I BE CHARGED AN ADMINISTRATION FEE FOR RECEIPT OF THE COVID-19 VACCINE?

No. At this time, the provider cannot charge you for a vaccine dose and you cannot be charged an out-of-pocket vaccine administration fee or any other fee if only receiving a COVID-19 vaccination. However, vaccination providers may seek appropriate reimbursement from a program or plan that covers COVID-19 vaccine administration fees for the vaccine recipient (private insurance, Medicare, Medicaid, Health Resources & Services Administration [HRSA] COVID-19 Uninsured Program for non-insured recipients).

## WHERE CAN I REPORT CASES OF SUSPECTED FRAUD?

Individuals becoming aware of any potential violations of the CDC COVID-19 Vaccination Program requirements are encouraged to report them to the Office of the Inspector General, U.S. Department of Health and Human Services, at 1-800-HHS-TIPS or <https://TIPS.HHS.GOV>.

## 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)?**

An Emergency Use Authorization (EUA) is a mechanism to facilitate the availability and use of medical products, including vaccines, during public health emergencies, such as the current COVID-19 pandemic. An 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 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.

This EUA for the Pfizer-BioNTech COVID-19 Vaccine and COMIRNATY will end when the Secretary of HHS determines that the circumstances justifying the EUA no longer exist or when there is a change in the approval status of the product such that an EUA is no longer needed.



Manufactured by  
Pfizer Inc., New York, NY 10017

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

LAB-1451-7.2

Revised: 23 August 2021



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

Barcode Date: 08/2021



**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."

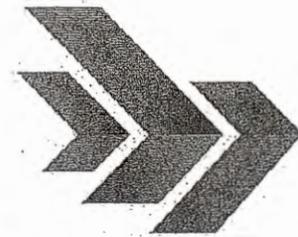
## **How long do v-safe check-ins last?**

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.\*

\*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.



**v-safe**<sup>SM</sup>  
after vaccination  
health checker

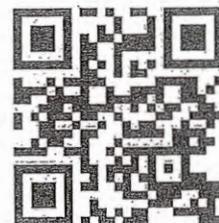
Use your smartphone to tell CDC about any side effects after getting the COVID-19 vaccine. You'll also get reminders if you need a second vaccine dose.



Sign up with your smartphone's browser at  
[vsafe.cdc.gov](https://vsafe.cdc.gov)

OR

Aim your smartphone's camera at this code

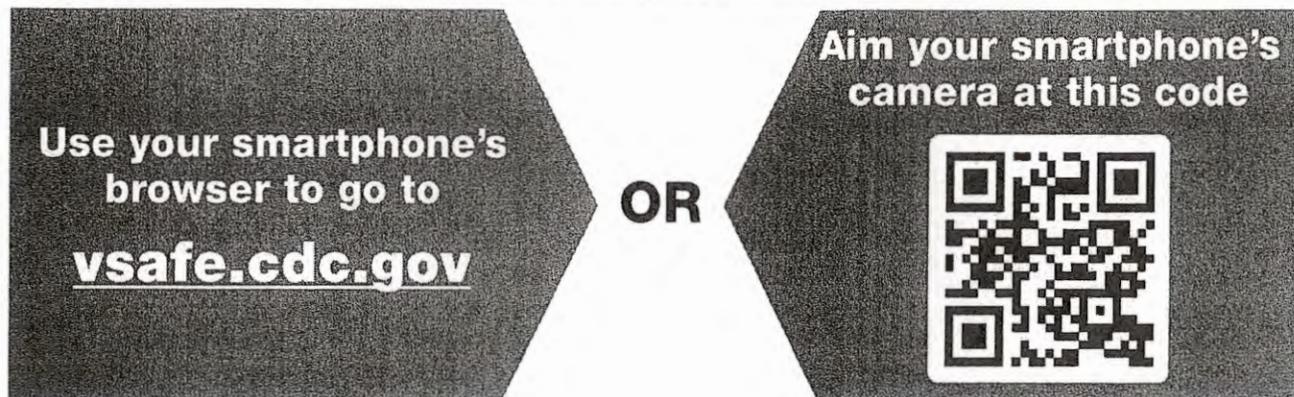


## How to register and use v-safe

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

